

**Medicare-Medicaid Plan (MMP) Services that require Prior Authorization List**

HAP must be notified when the member is admitted for all **inpatient** hospitalizations, even if you have obtained a prior authorization for the procedure to be performed.

- HAP members must receive care from contracted providers.
- Any service listed below, when provided by a non-contracted provider, requires prior authorization from HAP.

To determine if a procedure is a covered benefit and meets criteria, **providers must utilize HAP's online Member Eligibility Application (MEA) and the Benefit Administration Manual (BAM)**. It is imperative that you verify benefit coverage prior to rendering service, as failure to do so may result in denial of payment and Members must be held harmless.

The information contained in the Services that require Prior Authorization List is protected by copyright laws. Duplication should occur only with permission from the HAP Corporate Office.

Providers shall not modify, translate, decompile, disclose, create nor attempt to create any derivative work in the Services that require Prior Authorization List.

Treating providers are solely responsible for medical advice and treatment of Members.

HAP's Benefit Coverage Policies and Procedure Reference Lists apply to all HAP lines of business offered through any HAP affiliate including insured and self-funded plans except for the following: These Benefit Coverage Policies and Procedure Reference Lists do not apply to lines of business offered through HAP affiliates ASR and Midwest Health Plan.

HAP continuously reviews and monitors all procedures to determine any potential changes of coverage that would affect current procedure lists. Otherwise, the Services that require Prior Authorization list will be reviewed and updated on a monthly basis. Always check the list on the HAP website, as it is the most current list and printed copies may be incomplete or outdated. If you would like to suggest additional services to be added to the Services that require Prior Authorization list, please contact us and we will take your request into consideration for the next scheduled revision. Any suggestions or questions should be directed in writing to:

Sr Project Consultant (T14 - 4th floor)  
Health Alliance Plan  
2850 West Grand Boulevard  
Detroit, MI 48202

EMAIL to: [lmijat@hap.org](mailto:lmijat@hap.org)

| Key:  |   |
|-------|---|
| *     | Specific coverage criteria or limitations/restrictions apply. Refer to BAM for more information.  |
| ExGEN | Services that are "carved out" of the Genesys delegation. All other services that are indicated as "ExGEN" are processed by the HAP Referral          |
| INFO  | Informational/reporting code - code not separately payable  |
| RMT   | Submit request for authorization via CareAffiliate. Please select appropriate Request Type based on the type of service/place of service that care is |

| Product Line Key: |                        |
|-------------------|------------------------|
| MMP               | Medicare-Medicaid Plan |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00100  | ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY          | No                  |     |                   | MMP           |
| 00102  | ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP         | No                  |     |                   | MMP           |
| 00103  | ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (eg, blepharoplasty, | No                  |     |                   | MMP           |
| 00104  | ANESTHESIA FOR ELECTROCONVULSIVE THERAPY                                | No                  |     |                   | MMP           |
| 00120  | ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE AND INNER EAR INCLUDING   | No                  |     |                   | MMP           |
| 00124  | ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE AND INNER EAR INCLUDING   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00126  | ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE AND INNER EAR INCLUDING                        | No                  |     |                   | MMP           |
| 00140  | ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED                                    | No                  |     |                   | MMP           |
| 00142  | ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY   | No                  |     |                   | MMP           |
| 00144  | ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT   | No                  |     |                   | MMP           |
| 00145  | ANESTHESIA FOR PROCEDURES ON EYE, VITREORETINAL SURGERY                                      | No                  |     |                   | MMP           |
| 00147  | ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY   | No                  |     |                   | MMP           |
| 00148  | ANESTHESIA FOR PROCEDURE ON EYE; OPHTHALMOSCOPY  | No                  |     |                   | MMP           |
| 00160  | ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; not otherwise                       | No                  |     |                   | MMP           |
| 00162  | ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; radical                             | No                  |     |                   | MMP           |
| 00164  | ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; biopsy, soft                        | No                  |     |                   | MMP           |
| 00170  | ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED (UNITS: 5)    | No                  |     |                   | MMP           |
| 00172  | ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; repair of cleft palate                | No                  |     |                   | MMP           |
| 00174  | ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF                           | No                  |     |                   | MMP           |
| 00176  | ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY                       | No                  |     |                   | MMP           |
| 00190  | ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; not otherwise                            | No                  |     |                   | MMP           |
| 00192  | ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; radical surgery                          | No                  |     |                   | MMP           |
| 00210  | ANESTHESIA FOR INTRACRANIAL PROCEDURES; not otherwise specified                              | No                  |     |                   | MMP           |
| 00211  | Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma | No                  |     |                   | MMP           |
| 00212  | Anesthesia for intracranial procedures; subdural taps  | No                  |     |                   | MMP           |
| 00214  | Anesthesia for intracranial procedures; burr holes, including                                | No                  |     |                   | MMP           |
| 00215  | Anesthesia for intracranial procedures; cranioplasty or elevation of                         | No                  |     |                   | MMP           |
| 00216  | Anesthesia for intracranial procedures; vascular procedures                                  | No                  |     |                   | MMP           |
| 00218  | Anesthesia for intracranial procedures; procedures in sitting position                       | No                  |     |                   | MMP           |
| 00220  | Anesthesia for intracranial procedures; cerebrospinal fluid shunting                         | No                  |     |                   | MMP           |
| 00222  | Anesthesia for intracranial procedures; electrocoagulation of                                | No                  |     |                   | MMP           |
| 00300  | Anesthesia for all procedures on the integumentary system, muscles and                       | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00320  | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and | No                  |     |                   | MMP           |
| 00322  | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and | No                  |     |                   | MMP           |
| 00326  | Anesthesia for all procedures on the larynx and trachea in children less | No                  |     |                   | MMP           |
| 00350  | Anesthesia for procedures on major vessels of neck; not otherwise        | No                  |     |                   | MMP           |
| 00352  | Anesthesia for procedures on major vessels of neck; simple ligation      | No                  |     |                   | MMP           |
| 00400  | Anesthesia for procedures on the integumentary system on the             | No                  |     |                   | MMP           |
| 00402  | extremities, anterior trunk and perineum; reconstructive procedures on   | No                  |     |                   | MMP           |
| 00404  | extremities, anterior trunk and perineum; radical or modified radical    | No                  |     |                   | MMP           |
| 00406  | Anesthesia for procedures on the integumentary system on the             | No                  |     |                   | MMP           |
| 00410  | Anesthesia for procedures on the integumentary system on the             | No                  |     |                   | MMP           |
| 00450  | Anesthesia for procedures on clavicle and scapula; not otherwise         | No                  |     |                   | MMP           |
| 00454  | Anesthesia for procedures on clavicle and scapula; biopsy of clavicle    | No                  |     |                   | MMP           |
| 00470  | Anesthesia for partial rib resection; not otherwise specified            | No                  |     |                   | MMP           |
| 00472  | Anesthesia for partial rib resection; thoracoplasty (any type)           | No                  |     |                   | MMP           |
| 00474  | Anesthesia for partial rib resection; radical procedures (eg, pectus     | No                  |     |                   | MMP           |
| 00500  | Anesthesia for all procedures on esophagus                               | No                  |     |                   | MMP           |
| 00520  | Anesthesia for closed chest procedures; (including bronchoscopy) not     | No                  |     |                   | MMP           |
| 00522  | Anesthesia for closed chest procedures; needle biopsy of pleura          | No                  |     |                   | MMP           |
| 00524  | Anesthesia for closed chest procedures; pneumocentesis                   | No                  |     |                   | MMP           |
| 00528  | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic   | No                  |     |                   | MMP           |
| 00529  | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic   | No                  |     |                   | MMP           |
| 00530  | Anesthesia for permanent transvenous pacemaker insertion                 | No                  |     |                   | MMP           |
| 00532  | Anesthesia for access to central venous circulation                      | No                  |     |                   | MMP           |
| 00534  | Anesthesia for transvenous insertion or replacement of pacing            | No                  |     |                   | MMP           |
| 00537  | Anesthesia for cardiac electrophysiologic procedures including           | No                  |     |                   | MMP           |
| 00539  | Anesthesia for tracheobronchial reconstruction                           | No                  |     |                   | MMP           |
| 00540  | Anesthesia for thoracotomy procedures involving lungs, pleura,           | No                  |     |                   | MMP           |
| 00541  | Anesthesia for thoracotomy procedures involving lungs, pleura,           | No                  |     |                   | MMP           |
| 00542  | Anesthesia for thoracotomy procedures involving lungs, pleura,           | No                  |     |                   | MMP           |
| 00546  | Anesthesia for thoracotomy procedures involving lungs, pleura,           | No                  |     |                   | MMP           |
| 00548  | Anesthesia for thoracotomy procedures involving lungs, pleura,           | No                  |     |                   | MMP           |
| 00550  | Anesthesia for sternal debridement                                       | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00560  | of chest; without pump oxygenator  | No                  |     |                   | MMP           |
| 00561  | Anesthesia for procedures on heart, pericardial sac, and great vessels   | No                  |     |                   | MMP           |
| 00562  | Anesthesia for procedures on heart, pericardial sac, and great vessels   | No                  |     |                   | MMP           |
| 00563  | Anesthesia for procedures on heart, pericardial sac, and great vessels   | No                  |     |                   | MMP           |
| 00566  | Anesthesia for direct coronary artery bypass grafting without pump   | No                  |     |                   | MMP           |
| 00567  | Anesthesia for direct coronary artery bypass grafting; with pump oxygenator  | No                  |     |                   | MMP           |
| 00580  | Anesthesia for heart transplant or heart/lung transplant   | No                  |     |                   | MMP           |
| 00600  | Anesthesia for procedures on cervical spine and cord; not otherwise  | No                  |     |                   | MMP           |
| 00604  | Anesthesia for procedures on cervical spine and cord; procedures with  | No                  |     |                   | MMP           |
| 00620  | Anesthesia for procedures on thoracic spine and cord; not otherwise  | No                  |     |                   | MMP           |
| 00625  | ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD,2-LUNG  | No                  |     |                   | MMP           |
| 00626  | ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD,1-LUNG  | No                  |     |                   | MMP           |
| 00630  | Anesthesia for procedures in lumbar region; not otherwise specified  | No                  |     |                   | MMP           |
| 00632  | Anesthesia for procedures in lumbar region; lumbar sympathectomy   | No                  |     |                   | MMP           |
| 00635  | Anesthesia for procedures in lumbar region; diagnostic or therapeutic  | No                  |     |                   | MMP           |
| 00640  | Anesthesia for manipulation of the spine or for closed procedures on the   | No                  |     |                   | MMP           |
| 00670  | Anesthesia for extensive spine and spinal cord procedures (eg, spinal  | No                  |     |                   | MMP           |
| 00700  | Anesthesia for procedures on upper anterior abdominal wall; not  | No                  |     |                   | MMP           |
| 00702  | Anesthesia for procedures on upper anterior abdominal wall;  | No                  |     |                   | MMP           |
| 00730  | Anesthesia for procedures on upper posterior abdominal wall  | No                  |     |                   | MMP           |
| 00731  | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified <b>termed code 00740</b>                               | No                  |     |                   | MMP           |
| 00732  | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) <b>termed code 00740</b> | No                  |     |                   | MMP           |
| 00750  | Anesthesia for hernia repairs in upper abdomen; not otherwise specified  | No                  |     |                   | MMP           |
| 00752  | Anesthesia for hernia repairs in upper abdomen; lumbar and ventral   | No                  |     |                   | MMP           |
| 00754  | Anesthesia for hernia repairs in upper abdomen; omphalocele  | No                  |     |                   | MMP           |
| 00756  | Anesthesia for hernia repairs in upper abdomen; transabdominal repair of   | No                  |     |                   | MMP           |
| 00770  | Anesthesia for all procedures on major abdominal blood vessels   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00790  | Anesthesia for intraperitoneal procedures in upper abdomen including  | No                  |     |                   | MMP           |
| 00792  | Anesthesia for intraperitoneal procedures in upper abdomen including  | No                  |     |                   | MMP           |
| 00794  | Anesthesia for intraperitoneal procedures in upper abdomen including  | No                  |     |                   | MMP           |
| 00796  | Anesthesia for intraperitoneal procedures in upper abdomen including  | No                  |     |                   | MMP           |
| 00797  | ANESTHESIA FOR SURGERY FOR MORBID OBESITY   | No                  | *   |                   | MMP           |
| 00800  | Anesthesia for procedures on lower anterior abdominal wall; not   | No                  |     |                   | MMP           |
| 00802  | Anesthesia for procedures on lower anterior abdominal wall;   | No                  |     |                   | MMP           |
| 00811  | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified<br><b>termed code 00810 add to colonoscopy config? Could this be used in any screening scenarios? When a screening turns to a diagnostic</b>                          | No                  |     |                   | MMP           |
| 00812  | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy<br><b>termed code 00810 add to colonoscopy config</b>   | No                  |     |                   | MMP           |
| 00813  | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum<br><b>termed code 00810 add to colonoscopy config? Could this be used in any screening scenarios? When a screening turns to a diagnostic</b> | No                  |     |                   | MMP           |
| 00820  | Anesthesia for procedures on lower posterior abdominal wall   | No                  |     |                   | MMP           |
| 00830  | Anesthesia for hernia repairs in lower abdomen; not otherwise specified   | No                  |     |                   | MMP           |
| 00832  | Anesthesia for hernia repairs in lower abdomen; ventral and incisional  | No                  |     |                   | MMP           |
| 00834  | Anesthesia for hernia repairs in the lower abdomen not otherwise  | No                  |     |                   | MMP           |
| 00836  | Anesthesia for hernia repairs in the lower abdomen not otherwise  | No                  |     |                   | MMP           |
| 00840  | Anesthesia for intraperitoneal procedures in lower abdomen including  | No                  |     |                   | MMP           |
| 00842  | Anesthesia for intraperitoneal procedures in lower abdomen including  | No                  |     |                   | MMP           |
| 00844  | Anesthesia for intraperitoneal procedures in lower abdomen including  | No                  |     |                   | MMP           |
| 00846  | Anesthesia for intraperitoneal procedures in lower abdomen including  | No                  |     |                   | MMP           |
| 00848  | Anesthesia for intraperitoneal procedures in lower abdomen including  | No                  |     |                   | MMP           |
| 00851  | Anesthesia for intraperitoneal procedures in lower abdomen including  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00860  | Anesthesia for extraperitoneal procedures in lower abdomen, including  | No                  |     |                   | MMP           |
| 00862  | Anesthesia for extraperitoneal procedures in lower abdomen, including  | No                  |     |                   | MMP           |
| 00864  | Anesthesia for extraperitoneal procedures in lower abdomen, including  | No                  |     |                   | MMP           |
| 00865  | Anesthesia for extraperitoneal procedures in lower abdomen, including  | No                  |     |                   | MMP           |
| 00866  | Anesthesia for extraperitoneal procedures in lower abdomen, including  | No                  |     |                   | MMP           |
| 00868  | Anesthesia for extraperitoneal procedures in lower abdomen, including  | No                  |     |                   | MMP           |
| 00870  | Anesthesia for extraperitoneal procedures in lower abdomen, including  | No                  |     |                   | MMP           |
| 00872  | Anesthesia for lithotripsy, extracorporeal shock wave; with water bath | No                  |     |                   | MMP           |
| 00873  | Anesthesia for lithotripsy, extracorporeal shock wave; without water   | No                  |     |                   | MMP           |
| 00880  | Anesthesia for procedures on major lower abdominal vessels; not        | No                  |     |                   | MMP           |
| 00882  | Anesthesia for procedures on major lower abdominal vessels; inferior   | No                  |     |                   | MMP           |
| 00902  | Anesthesia for; anorectal procedure                                    | No                  |     |                   | MMP           |
| 00904  | Anesthesia for; radical perineal procedure                             | No                  |     |                   | MMP           |
| 00906  | Anesthesia for; vulvectomy   | No                  |     |                   | MMP           |
| 00908  | Anesthesia for; perineal prostatectomy                                 | No                  |     |                   | MMP           |
| 00910  | Anesthesia for transurethral procedures (including urethrocytostomy);  | No                  |     |                   | MMP           |
| 00912  | Anesthesia for transurethral procedures (including urethrocytostomy);  | No                  |     |                   | MMP           |
| 00914  | Anesthesia for transurethral procedures (including urethrocytostomy);  | No                  |     |                   | MMP           |
| 00916  | Anesthesia for transurethral procedures (including urethrocytostomy);  | No                  |     |                   | MMP           |
| 00918  | Anesthesia for transurethral procedures (including urethrocytostomy);  | No                  |     |                   | MMP           |
| 00920  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00921  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00922  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00924  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00926  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00928  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00930  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00932  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |
| 00934  | Anesthesia for procedures on male genitalia (including open urethral   | No                  |     |                   | MMP           |

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| 00936  | Anesthesia for procedures on male genitalia (including open urethral     | No                  |     |                   | MMP           |
| 00938  | Anesthesia for procedures on male genitalia (including open urethral     | No                  |     |                   | MMP           |
| 00940  | Anesthesia for vaginal procedures (including biopsy of labia, vagina,    | No                  |     |                   | MMP           |
| 00942  | Anesthesia for vaginal procedures (including biopsy of labia, vagina,    | No                  |     |                   | MMP           |
| 00944  | Anesthesia for vaginal procedures (including biopsy of labia, vagina,    | No                  |     |                   | MMP           |
| 00948  | Anesthesia for vaginal procedures (including biopsy of labia, vagina,    | No                  |     |                   | MMP           |
| 00950  | Anesthesia for vaginal procedures (including biopsy of labia, vagina,    | No                  |     |                   | MMP           |
| 00952  | Anesthesia for vaginal procedures (including biopsy of labia, vagina,    | No                  |     |                   | MMP           |
| 01112  | Anesthesia for bone marrow aspiration and/or biopsy, anterior or         | No                  |     |                   | MMP           |
| 01120  | Anesthesia for procedures on bony pelvis                                 | No                  |     |                   | MMP           |
| 01130  | Anesthesia for body cast application or revision                         | No                  |     |                   | MMP           |
| 01140  | Anesthesia for interpelviabdominal (hindquarter) amputation              | No                  |     |                   | MMP           |
| 01150  | Anesthesia for radical procedures for tumor of pelvis, except            | No                  |     |                   | MMP           |
| 01160  | Anesthesia for closed procedures involving symphysis pubis or sacroiliac | No                  |     |                   | MMP           |
| 01170  | Anesthesia for open procedures involving symphysis pubis or sacroiliac   | No                  |     |                   | MMP           |
| 01173  | Anesthesia for open repair of fracture disruption of pelvis or column    | No                  |     |                   | MMP           |
| 01200  | Anesthesia for all closed procedures involving hip joint                 | No                  |     |                   | MMP           |
| 01202  | Anesthesia for arthroscopic procedures of hip joint                      | No                  |     |                   | MMP           |
| 01210  | Anesthesia for open procedures involving hip joint; not otherwise        | No                  |     |                   | MMP           |
| 01212  | Anesthesia for open procedures involving hip joint; hip disarticulation  | No                  |     |                   | MMP           |
| 01214  | Anesthesia for open procedures involving hip joint; total hip            | No                  |     |                   | MMP           |
| 01215  | Anesthesia for open procedures involving hip joint; revision of total    | No                  |     |                   | MMP           |
| 01220  | Anesthesia for all closed procedures involving upper 2/3 of femur        | No                  |     |                   | MMP           |
| 01230  | Anesthesia for open procedures involving upper 2/3 of femur; not         | No                  |     |                   | MMP           |
| 01232  | Anesthesia for open procedures involving upper 2/3 of femur; amputation  | No                  |     |                   | MMP           |
| 01234  | Anesthesia for open procedures involving upper 2/3 of femur; radical     | No                  |     |                   | MMP           |
| 01250  | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and   | No                  |     |                   | MMP           |
| 01260  | Anesthesia for all procedures involving veins of upper leg, including    | No                  |     |                   | MMP           |
| 01270  | Anesthesia for procedures involving arteries of upper leg, including     | No                  |     |                   | MMP           |
| 01272  | Anesthesia for procedures involving arteries of upper leg, including     | No                  |     |                   | MMP           |
| 01274  | Anesthesia for procedures involving arteries of upper leg, including     | No                  |     |                   | MMP           |
| 01320  | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and   | No                  |     |                   | MMP           |
| 01340  | Anesthesia for all closed procedures on lower 1/3 of femur               | No                  |     |                   | MMP           |

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| 01360  | Anesthesia for all open procedures on lower 1/3 of femur                 | No                  |     |                   | MMP           |
| 01380  | Anesthesia for all closed procedures on knee joint                       | No                  |     |                   | MMP           |
| 01382  | Anesthesia for diagnostic arthroscopic procedures of knee joint          | No                  |     |                   | MMP           |
| 01390  | Anesthesia for all closed procedures on upper ends of tibia, fibula,     | No                  |     |                   | MMP           |
| 01392  | Anesthesia for all open procedures on upper ends of tibia, fibula,       | No                  |     |                   | MMP           |
| 01400  | Anesthesia for open or surgical arthroscopic procedures on knee joint;   | No                  |     |                   | MMP           |
| 01402  | Anesthesia for open or surgical arthroscopic procedures on knee joint;   | No                  |     |                   | MMP           |
| 01404  | Anesthesia for open or surgical arthroscopic procedures on knee joint;   | No                  |     |                   | MMP           |
| 01420  | Anesthesia for all cast applications, removal, or repair involving knee  | No                  |     |                   | MMP           |
| 01430  | Anesthesia for procedures on veins of knee and popliteal area; not       | No                  |     |                   | MMP           |
| 01432  | Anesthesia for procedures on veins of knee and popliteal area;           | No                  |     |                   | MMP           |
| 01440  | Anesthesia for procedures on arteries of knee and popliteal area; not    | No                  |     |                   | MMP           |
| 01442  | Anesthesia for procedures on arteries of knee and popliteal area;        | No                  |     |                   | MMP           |
| 01444  | Anesthesia for procedures on arteries of knee and popliteal area;        | No                  |     |                   | MMP           |
| 01462  | Anesthesia for all closed procedures on lower leg, ankle, and foot       | No                  |     |                   | MMP           |
| 01464  | Anesthesia for arthroscopic procedures of ankle and/or foot              | No                  |     |                   | MMP           |
| 01470  | Anesthesia for procedures on nerves, muscles, tendons, and fascia of     | No                  |     |                   | MMP           |
| 01472  | Anesthesia for procedures on nerves, muscles, tendons, and fascia of     | No                  |     |                   | MMP           |
| 01474  | Anesthesia for procedures on nerves, muscles, tendons, and fascia of     | No                  |     |                   | MMP           |
| 01480  | Anesthesia for open procedures on bones of lower leg, ankle, and foot;   | No                  |     |                   | MMP           |
| 01482  | Anesthesia for open procedures on bones of lower leg, ankle, and foot;   | No                  |     |                   | MMP           |
| 01484  | Anesthesia for open procedures on bones of lower leg, ankle, and foot;   | No                  |     |                   | MMP           |
| 01486  | Anesthesia for open procedures on bones of lower leg, ankle, and foot;   | No                  |     |                   | MMP           |
| 01490  | Anesthesia for lower leg cast application, removal, or repair            | No                  |     |                   | MMP           |
| 01500  | Anesthesia for procedures on arteries of lower leg, including bypass     | No                  |     |                   | MMP           |
| 01502  | Anesthesia for procedures on arteries of lower leg, including bypass     | No                  |     |                   | MMP           |
| 01520  | Anesthesia for procedures on veins of lower leg; not otherwise specified | No                  |     |                   | MMP           |
| 01522  | Anesthesia for procedures on veins of lower leg; venous thrombectomy,    | No                  |     |                   | MMP           |
| 01610  | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and   | No                  |     |                   | MMP           |
| 01620  | Anesthesia for all closed procedures on humeral head and neck,           | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 01622  | Anesthesia for diagnostic arthroscopic procedures of shoulder joint     | No                  |     |                   | MMP           |
| 01630  | Anesthesia for open or surgical arthroscopic procedures on humeral head | No                  |     |                   | MMP           |
| 01634  | Anesthesia for open or surgical arthroscopic procedures on humeral head | No                  |     |                   | MMP           |
| 01636  | Anesthesia for open or surgical arthroscopic procedures on humeral head | No                  |     |                   | MMP           |
| 01638  | Anesthesia for open or surgical arthroscopic procedures on humeral head | No                  |     |                   | MMP           |
| 01650  | Anesthesia for procedures on arteries of shoulder and axilla; not       | No                  |     |                   | MMP           |
| 01652  | Anesthesia for procedures on arteries of shoulder and axilla;           | No                  |     |                   | MMP           |
| 01654  | Anesthesia for procedures on arteries of shoulder and axilla; bypass    | No                  |     |                   | MMP           |
| 01656  | Anesthesia for procedures on arteries of shoulder and axilla;           | No                  |     |                   | MMP           |
| 01670  | Anesthesia for all procedures on veins of shoulder and axilla           | No                  |     |                   | MMP           |
| 01680  | Anesthesia for shoulder cast application, removal or repair; not        | No                  |     |                   | MMP           |
| 01710  | Anesthesia for procedures on nerves, muscles, tendons, fascia, and      | No                  |     |                   | MMP           |
| 01712  | Anesthesia for procedures on nerves, muscles, tendons, fascia, and      | No                  |     |                   | MMP           |
| 01714  | Anesthesia for procedures on nerves, muscles, tendons, fascia, and      | No                  |     |                   | MMP           |
| 01716  | Anesthesia for procedures on nerves, muscles, tendons, fascia, and      | No                  |     |                   | MMP           |
| 01730  | Anesthesia for all closed procedures on humerus and elbow               | No                  |     |                   | MMP           |
| 01732  | Anesthesia for diagnostic arthroscopic procedures of elbow joint        | No                  |     |                   | MMP           |
| 01740  | Anesthesia for open or surgical arthroscopic procedures of the elbow;   | No                  |     |                   | MMP           |
| 01742  | Anesthesia for open or surgical arthroscopic procedures of the elbow;   | No                  |     |                   | MMP           |
| 01744  | Anesthesia for open or surgical arthroscopic procedures of the elbow;   | No                  |     |                   | MMP           |
| 01756  | Anesthesia for open or surgical arthroscopic procedures of the elbow;   | No                  |     |                   | MMP           |
| 01758  | Anesthesia for open or surgical arthroscopic procedures of the elbow;   | No                  |     |                   | MMP           |
| 01760  | Anesthesia for open or surgical arthroscopic procedures of the elbow;   | No                  |     |                   | MMP           |
| 01770  | Anesthesia for procedures on arteries of upper arm and elbow; not       | No                  |     |                   | MMP           |
| 01772  | Anesthesia for procedures on arteries of upper arm and elbow;           | No                  |     |                   | MMP           |
| 01780  | Anesthesia for procedures on veins of upper arm and elbow; not          | No                  |     |                   | MMP           |
| 01782  | Anesthesia for procedures on veins of upper arm and elbow;              | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 01810  | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and                        | No                  |     |                   | MMP           |
| 01820  | Anesthesia for all closed procedures on radius, ulna, wrist, or hand                          | No                  |     |                   | MMP           |
| 01829  | Anesthesia for diagnostic arthroscopic procedures on the wrist                                | No                  |     |                   | MMP           |
| 01830  | Anesthesia for open or surgical arthroscopic/endoscopic procedures on                         | No                  |     |                   | MMP           |
| 01832  | Anesthesia for open or surgical arthroscopic/endoscopic procedures on                         | No                  |     |                   | MMP           |
| 01840  | Anesthesia for procedures on arteries of forearm, wrist, and hand; not                        | No                  |     |                   | MMP           |
| 01842  | Anesthesia for procedures on arteries of forearm, wrist, and hand;                            | No                  |     |                   | MMP           |
| 01844  | Anesthesia for vascular shunt, or shunt revision, any type (eg,                               | No                  |     |                   | MMP           |
| 01850  | Anesthesia for procedures on veins of forearm, wrist, and hand; not                           | No                  |     |                   | MMP           |
| 01852  | Anesthesia for procedures on veins of forearm, wrist, and hand;                               | No                  |     |                   | MMP           |
| 01860  | Anesthesia for forearm, wrist, or hand cast application, removal, or                          | No                  |     |                   | MMP           |
| 01916  | Anesthesia for diagnostic arteriography/venography  | No                  |     |                   | MMP           |
| 01920  | Anesthesia for cardiac catheterization including coronary angiography                         | No                  |     |                   | MMP           |
| 01922  | Anesthesia for non-invasive imaging or radiation therapy                                      | No                  |     |                   | MMP           |
| 01924  | Anesthesia for therapeutic interventional radiologic procedures                               | No                  |     |                   | MMP           |
| 01925  | Anesthesia for therapeutic interventional radiologic procedures                               | No                  |     |                   | MMP           |
| 01926  | Anesthesia for therapeutic interventional radiologic procedures                               | No                  |     |                   | MMP           |
| 01930  | Anesthesia for therapeutic interventional radiologic procedures                               | No                  |     |                   | MMP           |
| 01931  | Anesthesia for therapeutic interventional radiologic procedures                               | No                  |     |                   | MMP           |
| 01932  | Anesthesia for therapeutic interventional radiologic procedures                               | No                  |     |                   | MMP           |
| 01933  | Anesthesia for therapeutic interventional radiologic procedures                               | No                  |     |                   | MMP           |
| 01935  | ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; DIAGNOSTIC  | No                  |     |                   | MMP           |
| 01936  | ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; THERAPEUTIC | No                  |     |                   | MMP           |
| 01951  | Anesthesia for second and third degree burn excision or debridement with                      | No                  |     |                   | MMP           |
| 01952  | Anesthesia for second and third degree burn excision or debridement with                      | No                  |     |                   | MMP           |
| 01953  | Anesthesia for second and third degree burn excision or debridement with                      | No                  |     |                   | MMP           |
| 01958  | Anesthesia for external cephalic version procedure  | No                  |     |                   | MMP           |
| 01960  | Anesthesia for vaginal delivery only  | No                  |     |                   | MMP           |
| 01961  | Anesthesia for cesarean delivery only   | No                  |     |                   | MMP           |
| 01962  | Anesthesia for urgent hysterectomy following delivery   | No                  |     |                   | MMP           |
| 01963  | Anesthesia for cesarean hysterectomy without any labor  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 01965  | ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES  | No                  |     |                   | MMP           |
| 01966  | ANESTHESIA FOR INDUCED ABORTION PROCEDURES   | No                  |     |                   | MMP           |
| 01967  | Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this  | No                  |     |                   | MMP           |
| 01968  | Anesthesia for cesarean delivery following neuraxial labor   | No                  |     |                   | MMP           |
| 01969  | Anesthesia for cesarean hysterectomy following neuraxial labor   | No                  |     |                   | MMP           |
| 01990  | PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN- DEAD PATIENT (UNITS: 7)   | No                  |     |                   | MMP           |
| 01991  | Anesthesia for diagnostic or therapeutic nerve blocks and injections   | No                  |     |                   | MMP           |
| 01992  | Anesthesia for diagnostic or therapeutic nerve blocks and injections   | No                  |     |                   | MMP           |
| 01996  | Daily hospital management of epidural or subarachnoid continuous drug  | No                  |     |                   | MMP           |
| 01999  | Unlisted anesthesia procedure(s)   | Yes                 |     |                   | MMP           |
| 10021  | FINE NEEDLE ASPIRATION, WITHOUT IMAGING GUIDANCE   | No                  |     |                   | MMP           |
| 10022  | Fine needle aspiration; with imaging guidance  | No                  |     |                   | MMP           |
| 10030  | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous  | No                  |     |                   | MMP           |
| 10035  | Placement of soft tissue localization device(s) (e.g., Clip, metallic pellet, wire/ needle, radioactive seeds), percutaneous, including imaging guidance; first lesion   | No                  |     |                   | MMP           |
| 10036  | Placement of soft tissue localization device(s) (e.g., Clip, metallic pellet, wire/ needle, radioactive seeds), percutaneous, including imaging guidance; Each additional lesion (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 10040  | Acne surgery (eg, marsupialization, opening or removal of multiple   | No                  |     |                   | MMP           |
| 10060  | Incision and drainage of abscess (eg, carbuncle, suppurative   | No                  |     |                   | MMP           |
| 10061  | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis,   | No                  |     |                   | MMP           |
| 10080  | Incision and drainage of pilonidal cyst; simple  | No                  |     |                   | MMP           |
| 10081  | Incision and drainage of pilonidal cyst; complicated   | No                  |     |                   | MMP           |
| 10120  | Incision and removal of foreign body, subcutaneous tissues; simple   | No                  |     |                   | MMP           |
| 10121  | Incision and removal of foreign body, subcutaneous tissues; complicated  | No                  |     |                   | MMP           |
| 10140  | Incision and drainage of hematoma, seroma or fluid collection  | No                  |     |                   | MMP           |
| 10160  | Puncture aspiration of abscess, hematoma, bulla, or cyst   | No                  |     |                   | MMP           |
| 10180  | Incision and drainage, complex, postoperative wound infection  | No                  |     |                   | MMP           |
| 11000  | Debridement of extensive eczematous or infected skin; up to 10% of   | No                  |     |                   | MMP           |
| 11001  | Debridement of extensive eczematous or infected skin; each additional  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 11004  | Debridement of skin, subcutaneous tissue, muscle and fascia for  | No                  |     |                   | MMP           |
| 11005  | Debridement of skin, subcutaneous tissue, muscle and fascia for  | No                  |     |                   | MMP           |
| 11006  | Debridement of skin, subcutaneous tissue, muscle and fascia for n  | No                  |     |                   | MMP           |
| 11008  | Removal of prosthetic material or mesh, abdominal wall for necrotizing   | No                  |     |                   | MMP           |
| 11010  | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues                                       | No                  |     |                   | MMP           |
| 11011  | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle                | No                  |     |                   | MMP           |
| 11012  | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone          | No                  |     |                   | MMP           |
| 11042  | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less   | No                  |     |                   | MMP           |
| 11043  | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less  | No                  |     |                   | MMP           |
| 11044  | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less  | No                  |     |                   | MMP           |
| 11045  | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)                          | No                  |     |                   | MMP           |
| 11046  | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 11047  | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 11055  | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus);  | No                  | *   |                   | MMP           |
| 11056  | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus);  | No                  | *   |                   | MMP           |
| 11057  | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus);  | No                  | *   |                   | MMP           |
| 11100  | Biopsy of skin, subcutaneous tissue and/or mucous membrane (including  | No                  |     |                   | MMP           |
| 11101  | Biopsy of skin, subcutaneous tissue and/or mucous membrane (including  | No                  |     |                   | MMP           |
| 11200  | Removal of skin tags, multiple fibrocutaneous tags, any area; up to and  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 11201  | Removal of skin tags, multiple fibrocuteaneous tags, any area; each   | Yes                 |     |                   | MMP           |
| 11300  | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or  | Yes                 |     |                   | MMP           |
| 11301  | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or  | Yes                 |     |                   | MMP           |
| 11302  | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or  | Yes                 |     |                   | MMP           |
| 11303  | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or  | Yes                 |     |                   | MMP           |
| 11305  | Shaving of epidermal or dermal lesion, single lesion, scalp, neck,  | Yes                 |     |                   | MMP           |
| 11306  | Shaving of epidermal or dermal lesion, single lesion, scalp, neck,  | Yes                 |     |                   | MMP           |
| 11307  | Shaving of epidermal or dermal lesion, single lesion, scalp, neck,  | Yes                 |     |                   | MMP           |
| 11308  | Shaving of epidermal or dermal lesion, single lesion, scalp, neck,  | Yes                 |     |                   | MMP           |
| 11310  | Shaving of epidermal or dermal lesion, single lesion, face, ears,   | Yes                 |     |                   | MMP           |
| 11311  | Shaving of epidermal or dermal lesion, single lesion, face, ears,   | Yes                 |     |                   | MMP           |
| 11312  | Shaving of epidermal or dermal lesion, single lesion, face, ears,eyelids,   | Yes                 |     |                   | MMP           |
| 11313  | Shaving of epidermal or dermal lesion, single lesion, face, ears,   | Yes                 |     |                   | MMP           |
| 11400  | Excision, benign lesion including margins, except skin tag (unless listed   | Yes                 |     |                   | MMP           |
| 11401  | Excision, benign lesion including margins, except skin tag (unless listed   | Yes                 |     |                   | MMP           |
| 11402  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11403  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11404  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11406  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11420  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11421  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11422  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11423  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11424  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11426  | Excision, benign lesion including margins, except skin tag (unless  | Yes                 |     |                   | MMP           |
| 11440  | Excision, other benign lesion including margins (unless listed elsewhere),  | Yes                 |     |                   | MMP           |
| 11441  | Excision, other benign lesion including margins (unless listed  | Yes                 |     |                   | MMP           |
| 11442  | Excision, other benign lesion including margins (unless listed  | Yes                 |     |                   | MMP           |
| 11443  | Excision, other benign lesion including margins (unless listed elsewhere),  | Yes                 |     |                   | MMP           |
| 11444  | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 3.1 T | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 11446  | EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER OVER | Yes                 |     |                   | MMP           |
| 11450  | Excision of skin and subcutaneous tissue for hidradenitis, axillary;   | Yes                 |     |                   | MMP           |
| 11451  | Excision of skin and subcutaneous tissue for hidradenitis, axillary;   | Yes                 |     |                   | MMP           |
| 11462  | Excision of skin and subcutaneous tissue for hidradenitis, inguinal;   | Yes                 |     |                   | MMP           |
| 11463  | Excision of skin and subcutaneous tissue for hidradenitis, inguinal;   | Yes                 |     |                   | MMP           |
| 11470  | Excision of skin and subcutaneous tissue for hidradenitis, perianal,   | Yes                 |     |                   | MMP           |
| 11471  | Excision of skin and subcutaneous tissue for hidradenitis, perianal,   | Yes                 |     |                   | MMP           |
| 11600  | Excision, malignant lesion including margins, trunk, arms, or legs;  | No                  |     |                   | MMP           |
| 11601  | Excision, malignant lesion including margins, trunk, arms, or legs;  | No                  |     |                   | MMP           |
| 11602  | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM   | No                  |     |                   | MMP           |
| 11603  | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM   | No                  |     |                   | MMP           |
| 11604  | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM   | No                  |     |                   | MMP           |
| 11606  | EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0 CM   | No                  |     |                   | MMP           |
| 11620  | Excision, malignant lesion including margins, scalp, neck, hands, feet,  | No                  |     |                   | MMP           |
| 11621  | Excision, malignant lesion including margins, scalp, neck, hands, feet,  | No                  |     |                   | MMP           |
| 11622  | Excision, malignant lesion including margins, scalp, neck, hands, feet,  | No                  |     |                   | MMP           |
| 11623  | Excision, malignant lesion including margins, scalp, neck, hands, feet,  | No                  |     |                   | MMP           |
| 11624  | Excision, malignant lesion including margins, scalp, neck, hands, feet,  | No                  |     |                   | MMP           |
| 11626  | Excision, malignant lesion including margins, scalp, neck, hands, feet,  | No                  |     |                   | MMP           |
| 11640  | Excision, malignant lesion including margins, face, ears, eyelids, nose,   | No                  |     |                   | MMP           |
| 11641  | Excision, malignant lesion including margins, face, ears, eyelids, nose,   | No                  |     |                   | MMP           |
| 11642  | Excision, malignant lesion including margins, face, ears, eyelids, nose,   | No                  |     |                   | MMP           |
| 11643  | Excision, malignant lesion including margins, face, ears, eyelids, nose,   | No                  |     |                   | MMP           |
| 11644  | Excision, malignant lesion including margins, face, ears, eyelids, nose,   | No                  |     |                   | MMP           |
| 11646  | Excision, malignant lesion including margins, face, ears, eyelids, nose,   | No                  |     |                   | MMP           |
| 11719  | Trimming of nondystrophic nails, any number  | No                  | *   |                   | MMP           |
| 11720  | Debridement of nail(s) by any method(s); one to five   | No                  | *   |                   | MMP           |
| 11721  | Debridement of nail(s) by any method(s); six or more   | No                  | *   |                   | MMP           |
| 11730  | Avulsion of nail plate, partial or complete, simple; single  | No                  |     |                   | MMP           |
| 11732  | Avulsion of nail plate, partial or complete, simple; each additional   | No                  |     |                   | MMP           |
| 11740  | Evacuation of subungual hematoma   | No                  |     |                   | MMP           |
| 11750  | Excision of nail and nail matrix, partial or complete, (eg, ingrown or   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 11755  | Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and   | No                  |     |                   | MMP           |
| 11760  | Repair of nail bed   | No                  |     |                   | MMP           |
| 11762  | Reconstruction of nail bed with graft  | No                  |     |                   | MMP           |
| 11765  | Wedge excision of skin of nail fold (eg, for ingrown toenail)  | No                  |     |                   | MMP           |
| 11770  | EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE  | No                  |     |                   | MMP           |
| 11771  | Excision of pilonidal cyst or sinus; extensive   | No                  |     |                   | MMP           |
| 11772  | Excision of pilonidal cyst or sinus; complicated   | No                  |     |                   | MMP           |
| 11900  | Injection, intralesional; up to and including seven lesions  | No                  |     |                   | MMP           |
| 11901  | Injection, intralesional; more than seven lesions  | No                  |     |                   | MMP           |
| 11920  | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6. | Yes                 |     |                   | MMP           |
| 11921  | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6. | Yes                 |     |                   | MMP           |
| 11922  | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EA | Yes                 |     |                   | MMP           |
| 11950  | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS  | Yes                 |     |                   | MMP           |
| 11951  | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC   | Yes                 |     |                   | MMP           |
| 11952  | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC  | Yes                 |     |                   | MMP           |
| 11954  | SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC  | Yes                 |     |                   | MMP           |
| 11960  | INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION  | Yes                 |     |                   | MMP           |
| 11970  | Replacement of tissue expander with permanent prosthesis   | Yes                 |     |                   | MMP           |
| 11971  | Removal of tissue expander(s) without insertion of prosthesis  | Yes                 |     |                   | MMP           |
| 11976  | Removal, implantable contraceptive capsules  | No                  |     |                   | MMP           |
| 11980  | Subcutaneous hormone pellet implantation (implantation of estradiol  | No                  |     |                   | MMP           |
| 11981  | Insertion, non-biodegradable drug delivery implant   | No                  |     |                   | MMP           |
| 11982  | Removal, non-biodegradable drug delivery implant   | No                  |     |                   | MMP           |
| 11983  | Removal with reinsertion, non-biodegradable drug delivery implant  | No                  |     |                   | MMP           |
| 12001  | Simple repair of superficial wounds of scalp, neck, axillae, external  | No                  |     |                   | MMP           |
| 12002  | Simple repair of superficial wounds of scalp, neck, axillae, external  | No                  |     |                   | MMP           |
| 12004  | Simple repair of superficial wounds of scalp, neck, axillae, external  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 12005  | Simple repair of superficial wounds of scalp, neck, axillae, external    | No                  |     |                   | MMP           |
| 12006  | Simple repair of superficial wounds of scalp, neck, axillae, external    | No                  |     |                   | MMP           |
| 12007  | Simple repair of superficial wounds of scalp, neck, axillae, external    | No                  |     |                   | MMP           |
| 12011  | Simple repair of superficial wounds of face, ears, eyelids, nose, lips   | No                  |     |                   | MMP           |
| 12013  | Simple repair of superficial wounds of face, ears, eyelids, nose, lips   | No                  |     |                   | MMP           |
| 12014  | Simple repair of superficial wounds of face, ears, eyelids, nose, lips   | No                  |     |                   | MMP           |
| 12015  | Simple repair of superficial wounds of face, ears, eyelids, nose, lips   | No                  |     |                   | MMP           |
| 12016  | Simple repair of superficial wounds of face, ears, eyelids, nose, lips   | No                  |     |                   | MMP           |
| 12017  | Simple repair of superficial wounds of face, ears, eyelids, nose, lips   | No                  |     |                   | MMP           |
| 12018  | Simple repair of superficial wounds of face, ears, eyelids, nose, lips   | No                  |     |                   | MMP           |
| 12020  | Treatment of superficial wound dehiscence; simple closure                | No                  |     |                   | MMP           |
| 12021  | Treatment of superficial wound dehiscence; with packing                  | No                  |     |                   | MMP           |
| 12031  | Layer closure of wounds of scalp, axillae, trunk and/or extremities      | No                  |     |                   | MMP           |
| 12032  | Layer closure of wounds of scalp, axillae, trunk and/or extremities      | No                  |     |                   | MMP           |
| 12034  | Layer closure of wounds of scalp, axillae, trunk and/or extremities      | No                  |     |                   | MMP           |
| 12035  | Layer closure of wounds of scalp, axillae, trunk and/or extremities      | No                  |     |                   | MMP           |
| 12036  | Layer closure of wounds of scalp, axillae, trunk and/or extremities      | No                  |     |                   | MMP           |
| 12037  | Layer closure of wounds of scalp, axillae, trunk and/or extremities      | No                  |     |                   | MMP           |
| 12041  | Layer closure of wounds of neck, hands, feet and/or external genitalia;  | No                  |     |                   | MMP           |
| 12042  | Layer closure of wounds of neck, hands, feet and/or external genitalia;  | No                  |     |                   | MMP           |
| 12044  | Layer closure of wounds of neck, hands, feet and/or external genitalia;  | No                  |     |                   | MMP           |
| 12045  | Layer closure of wounds of neck, hands, feet and/or external genitalia;  | No                  |     |                   | MMP           |
| 12046  | Layer closure of wounds of neck, hands, feet and/or external genitalia;  | No                  |     |                   | MMP           |
| 12047  | Layer closure of wounds of neck, hands, feet and/or external genitalia;  | No                  |     |                   | MMP           |
| 12051  | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous | No                  |     |                   | MMP           |
| 12052  | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous | No                  |     |                   | MMP           |
| 12053  | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous | No                  |     |                   | MMP           |
| 12054  | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous | No                  |     |                   | MMP           |
| 12055  | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous | No                  |     |                   | MMP           |
| 12056  | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous | No                  |     |                   | MMP           |
| 12057  | Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous | No                  |     |                   | MMP           |
| 13100  | Repair, complex, trunk; 1.1 cm to 2.5 cm                                 | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 13101  | Repair, complex, trunk; 2.6 cm to 7.5 cm   | No                  |     |                   | MMP           |
| 13102  | Repair, complex, trunk; each additional 5 cm or less (List separately in   | No                  |     |                   | MMP           |
| 13120  | Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm  | No                  |     |                   | MMP           |
| 13121  | Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm  | No                  |     |                   | MMP           |
| 13122  | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less  | No                  |     |                   | MMP           |
| 13131  | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae,   | No                  |     |                   | MMP           |
| 13132  | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae,   | No                  |     |                   | MMP           |
| 13133  | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae,   | No                  |     |                   | MMP           |
| 13151  | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM   | No                  |     |                   | MMP           |
| 13152  | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM   | No                  |     |                   | MMP           |
| 13153  | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM   | No                  |     |                   | MMP           |
| 13160  | Secondary closure of surgical wound or dehiscence, extensive or  | No                  |     |                   | MMP           |
| 14000  | Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or   | No                  |     |                   | MMP           |
| 14001  | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to   | No                  |     |                   | MMP           |
| 14020  | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs;  | No                  |     |                   | MMP           |
| 14021  | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs;  | No                  |     |                   | MMP           |
| 14040  | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 S | No                  |     |                   | MMP           |
| 14041  | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 | No                  |     |                   | MMP           |
| 14060  | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS                                | No                  |     |                   | MMP           |
| 14061  | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM                        | No                  |     |                   | MMP           |
| 14301  | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 TO 60.0 SQ CM   | No                  |     |                   | MMP           |
| 14302  | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EA ADDL 30.0 SQ CM OR PART THEREOF (ADD-ON TO 14301)                          | No                  |     |                   | MMP           |
| 14350  | Filletted finger or toe flap, including preparation of recipient site  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15002  | SURG PREP OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS/BURN ESCHAR/SCAR, TRUNK/EXTREMITIES, FIRST 100 SQ CM OR 1% PED   | No                  |     |                   | MMP           |
| 15003  | SURG PREP/CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS/BURN ESCHAR/SCAR, TRUNK/EXTREMITIES, EA ADDL 100 SQ CM OR 1% PED    | No                  |     |                   | MMP           |
| 15004  | SURG PREP/CREATION OF RECIPIENT SITE BY EXCISION OPEN WOUNDS, BURN ESCHAR, SCAR, HEAD AREA, EXTREMITIES, GENITALIA, 1ST 100 SQ CM   | No                  |     |                   | MMP           |
| 15005  | SURG PREP/CREATION OF RECIPIENT SITE BY EXCISION OPEN WOUNDS, BURN ESCHAR, SCAR, HEAD AREA, EXTREMITIES, GENITALIA, 1ST 100 SQ CM   | No                  |     |                   | MMP           |
| 15040  | HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS   | No                  |     |                   | MMP           |
| 15050  | Pinch graft, single or multiple, to cover small ulcer, tip of digit, or   | No                  |     |                   | MMP           |
| 15100  | SPLIT THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)    | No                  |     |                   | MMP           |
| 15101  | SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR  | No                  |     |                   | MMP           |
| 15110  | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LES, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN                 | No                  |     |                   | MMP           |
| 15111  | EDPDERMAL AUTOGRAFT, TRUNK, ARMS LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDR | No                  |     |                   | MMP           |
| 15115  | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; 1ST 100 SQ CM  | No                  |     |                   | MMP           |
| 15116  | EPIDERMAL AUTOGRAFT FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EA ADDL 100 SQ  | No                  |     |                   | MMP           |
| 15120  | SPLIT THICKNESS AUTOGRAFT FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FT AND/OR MTLP DIGITS; 1ST 100 SQ CM   | No                  |     |                   | MMP           |
| 15121  | SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 S  | No                  |     |                   | MMP           |
| 15130  | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1 % OF BODY AREA OF INFANTS & CHILDREN                             | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15131  | DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EA ADDL 100 SQ CM OR EA ADDL 1% OF BODY AREA OF INFANTS & CHILDREN, OR PART THEREOF (LIST SEP  | No                  |     |                   | MMP           |
| 15135  | DERMAL AUTOGRAFT FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HAND, FEET, AND/OR MTLP DIGITS; 1ST 100 SQ CM OR LESS  | No                  |     |                   | MMP           |
| 15136  | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MLTP DIGITS; EA ADDL 100 SQ CM O  | No                  |     |                   | MMP           |
| 15150  | TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUCK, ARMS, LEGS; FIRST 25 SQ CM OR LESS  | No                  |     |                   | MMP           |
| 15151  | TISSUE CULTURED EPIDERMAL AUTOGRAFT TRUNK, ARMS LEGS; ADDL 1 SQ CM TO 75 CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC   | No                  |     |                   | MMP           |
| 15152  | TISSUE CULTURED EPIDERMAL AUTOGRAFT TRUNK, ARMS, LEGS; EA ADDL 100 SQ CM, OR EA ADDL 1% OF BODY AREA OF INFANTS & CHILDREN, OR PA   | No                  |     |                   | MMP           |
| 15155  | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGI  | No                  |     |                   | MMP           |
| 15156  | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK., EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGI  | No                  |     |                   | MMP           |
| 15157  | TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITX, GENITALIA, HANDS, FEET AND/OR MLTP DIGITS; E  | No                  |     |                   | MMP           |
| 15200  | Full thickness graft, free, including direct closure of donor site,   | No                  |     |                   | MMP           |
| 15201  | Full thickness graft, free, including direct closure of donor site,   | No                  |     |                   | MMP           |
| 15220  | Full thickness graft, free, including direct closure of donor site,   | No                  |     |                   | MMP           |
| 15221  | Full thickness graft, free, including direct closure of donor site,   | No                  |     |                   | MMP           |
| 15240  | Full thickness graft, free, including direct closure of donor site,   | No                  |     |                   | MMP           |
| 15241  | Full thickness graft, free, including direct closure of donor site,   | No                  |     |                   | MMP           |
| 15260  | Full thickness graft, free, including direct closure of donor site, nose,   | No                  |     |                   | MMP           |
| 15261  | Full thickness graft, free, including direct closure of donor site,   | No                  |     |                   | MMP           |
| 15271  | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area  | No                  |     |                   | MMP           |
| 15272  | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15273  | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children   | No                  |     |                   | MMP           |
| 15274  | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 15275  | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area   | No                  |     |                   | MMP           |
| 15276  | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 15277  | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children   | No                  |     |                   | MMP           |
| 15278  | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 15570  | Formation of direct or tubed pedicle, with or without transfer; trunk  | No                  |     |                   | MMP           |
| 15572  | Formation of direct or tubed pedicle, with or without transfer;  | No                  |     |                   | MMP           |
| 15574  | Formation of direct or tubed pedicle, with or without transfer;  | No                  |     |                   | MMP           |
| 15576  | Formation of direct or tubed pedicle, with or without transfer;  | No                  |     |                   | MMP           |
| 15600  | Delay of flap or sectioning of flap (division and inset); at trunk   | No                  |     |                   | MMP           |
| 15610  | Delay of flap or sectioning of flap (division and inset); at scalp,  | No                  |     |                   | MMP           |
| 15620  | Delay of flap or sectioning of flap (division and inset); at forehead,   | No                  |     |                   | MMP           |
| 15630  | Delay of flap or sectioning of flap (division and inset); at eyelids,  | No                  |     |                   | MMP           |
| 15650  | Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist,   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15730  | Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)   | No                  |     |                   | MMP           |
| 15731  | FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE   | No                  |     |                   | MMP           |
| 15733  | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)<br><b>termed code 15732</b> | No                  |     |                   | MMP           |
| 15734  | Muscle, myocutaneous, or fasciocutaneous flap; trunk  | No                  |     |                   | MMP           |
| 15736  | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity  | No                  |     |                   | MMP           |
| 15738  | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity  | No                  |     |                   | MMP           |
| 15740  | Flap; island pedicle  | No                  |     |                   | MMP           |
| 15750  | Flap; neurovascular pedicle   | No                  |     |                   | MMP           |
| 15756  | Free muscle or myocutaneous flap with microvascular anastomosis   | No                  |     |                   | MMP           |
| 15757  | Free skin flap with microvascular anastomosis   | No                  |     |                   | MMP           |
| 15758  | Free fascial flap with microvascular anastomosis  | No                  |     |                   | MMP           |
| 15760  | Graft; composite (eg, full thickness of external ear or nasal ala),   | No                  |     |                   | MMP           |
| 15770  | Graft; derma-fat-fascia   | No                  |     |                   | MMP           |
| 15775  | PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS   | Yes                 |     |                   | MMP           |
| 15776  | PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS  | Yes                 |     |                   | MMP           |
| 15777  | Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)                                      | Yes                 |     |                   | MMP           |
| 15780  | DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)  | Yes                 |     |                   | MMP           |
| 15781  | DERMABRASION; SEGMENTAL, FACE   | Yes                 |     |                   | MMP           |
| 15782  | DERMABRASION; REGIONAL, OTHER THAN FACE   | Yes                 |     |                   | MMP           |
| 15786  | ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)   | Yes                 |     |                   | MMP           |
| 15787  | ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | Yes                 |     |                   | MMP           |
| 15788  | CHEMICAL PEEL, FACIAL; EPIDERMAL  | Yes                 |     |                   | MMP           |
| 15789  | CHEMICAL PEEL, FACIAL; DERMAL   | Yes                 |     |                   | MMP           |
| 15792  | CHEMICAL PEEL, NONFACIAL; EPIDERMAL   | Yes                 |     |                   | MMP           |
| 15793  | CHEMICAL PEEL, NONFACIAL; DERMAL  | Yes                 |     |                   | MMP           |
| 15819  | CERVICOPLASTY   | Yes                 |     |                   | MMP           |
| 15820  | BLEPHAROPLASTY, LOWER EYELID;   | Yes                 |     |                   | MMP           |
| 15821  | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD  | Yes                 |     |                   | MMP           |
| 15822  | BLEPHAROPLASTY, UPPER EYELID;   | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15823  | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID   | Yes                 |     |                   | MMP           |
| 15824  | RHYTIDECTOMY; FOREHEAD   | Yes                 |     |                   | MMP           |
| 15825  | RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")  | Yes                 |     |                   | MMP           |
| 15826  | RHYTIDECTOMY; GLABELLAR FROWN LINES  | Not Covered         |     |                   | MMP           |
| 15828  | RHYTIDECTOMY; CHEEK, CHIN, AND NECK  | Yes                 |     |                   | MMP           |
| 15829  | RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP  | Yes                 |     |                   | MMP           |
| 15830  | EXCISION, EXCESSIVE SKIN & SUBCUT TISS (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY                                | Yes                 |     |                   | MMP           |
| 15832  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH  | Yes                 |     |                   | MMP           |
| 15833  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG  | Yes                 |     |                   | MMP           |
| 15834  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP  | Yes                 |     |                   | MMP           |
| 15835  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK  | Yes                 |     |                   | MMP           |
| 15836  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM  | Yes                 |     |                   | MMP           |
| 15837  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND  | Yes                 |     |                   | MMP           |
| 15838  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD  | Yes                 |     |                   | MMP           |
| 15839  | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA   | Yes                 |     |                   | MMP           |
| 15840  | Graft for facial nerve paralysis; free fascia graft (including obtaining   | No                  |     |                   | MMP           |
| 15841  | Graft for facial nerve paralysis; free muscle graft (including obtaining   | No                  |     |                   | MMP           |
| 15842  | Graft for facial nerve paralysis; free muscle flap by microsurgical  | No                  |     |                   | MMP           |
| 15845  | Graft for facial nerve paralysis; regional muscle transfer   | No                  |     |                   | MMP           |
| 15847  | EXCISION, EXCESSIVE SKIN & SUBCUTANEOUS TISSUE (INCL LIPECTOMY), ABDOMEN (ABDOMINOPLASTY) (INCL UMBILICAL TRANSPORTATION & FASCIAL | Yes                 |     |                   | MMP           |
| 15850  | Removal of sutures under anesthesia (other than local), same surgeon   | No                  |     |                   | MMP           |
| 15851  | Removal of sutures under anesthesia (other than local), other surgeon  | No                  |     |                   | MMP           |
| 15852  | Dressing change (for other than burns) under anesthesia (other than  | No                  |     |                   | MMP           |
| 15860  | Intravenous injection of agent (eg, fluorescein) to test vascular flow   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 15876  | SUCTION ASSISTED LIPECTOMY; HEAD AND NECK   | Not Covered         |     |                   | MMP           |
| 15877  | SUCTION ASSISTED LIPECTOMY; TRUNK   | Not Covered         |     |                   | MMP           |
| 15878  | SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY   | Not Covered         |     |                   | MMP           |
| 15879  | SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY   | Not Covered         |     |                   | MMP           |
| 15920  | Excision, coccygeal pressure ulcer, with coccygectomy; with primary                               | No                  |     |                   | MMP           |
| 15922  | Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure                          | No                  |     |                   | MMP           |
| 15931  | Excision, sacral pressure ulcer, with primary suture;   | No                  |     |                   | MMP           |
| 15933  | Excision, sacral pressure ulcer, with primary suture; with ostectomy                              | No                  |     |                   | MMP           |
| 15934  | Excision, sacral pressure ulcer, with skin flap closure;  | No                  |     |                   | MMP           |
| 15935  | Excision, sacral pressure ulcer, with skin flap closure; with ostectomy                           | No                  |     |                   | MMP           |
| 15936  | Excision, sacral pressure ulcer, in preparation for muscle or                                     | No                  |     |                   | MMP           |
| 15937  | Excision, sacral pressure ulcer, in preparation for muscle or                                     | No                  |     |                   | MMP           |
| 15940  | Excision, ischial pressure ulcer, with primary suture;  | No                  |     |                   | MMP           |
| 15941  | Excision, ischial pressure ulcer, with primary suture; with ostectomy                             | No                  |     |                   | MMP           |
| 15944  | Excision, ischial pressure ulcer, with skin flap closure;   | No                  |     |                   | MMP           |
| 15945  | Excision, ischial pressure ulcer, with skin flap closure; with ostectomy                          | No                  |     |                   | MMP           |
| 15946  | Excision, ischial pressure ulcer, with ostectomy, in preparation for                              | No                  |     |                   | MMP           |
| 15950  | Excision, trochanteric pressure ulcer, with primary suture;                                       | No                  |     |                   | MMP           |
| 15951  | Excision, trochanteric pressure ulcer, with primary suture; with                                  | No                  |     |                   | MMP           |
| 15952  | Excision, trochanteric pressure ulcer, with skin flap closure;                                    | No                  |     |                   | MMP           |
| 15953  | Excision, trochanteric pressure ulcer, with skin flap closure; with                               | No                  |     |                   | MMP           |
| 15956  | Excision, trochanteric pressure ulcer, in preparation for muscle or                               | No                  |     |                   | MMP           |
| 15958  | Excision, trochanteric pressure ulcer, in preparation for muscle or                               | No                  |     |                   | MMP           |
| 15999  | UNLISTED PROCEDURE, EXCISION PRESSURE ULCER   | Yes                 |     |                   | MMP           |
| 16000  | Initial treatment, first degree burn, when no more than local treatment                           | No                  |     |                   | MMP           |
| 16020  | Dressings and/or debridement, initial or subsequent; without anesthesia,                          | No                  |     |                   | MMP           |
| 16025  | Dressings and/or debridement, initial or subsequent; without anesthesia,                          | No                  |     |                   | MMP           |
| 16030  | Dressings and/or debridement, initial or subsequent; without anesthesia,                          | No                  |     |                   | MMP           |
| 16035  | Escharotomy; initial incision   | No                  |     |                   | MMP           |
| 16036  | Escharotomy; each additional incision (List separately in addition to                             | No                  |     |                   | MMP           |
| 17000  | Destruction (eg, laser surgery, electrosurgery, cryosurgery,                                      | No                  |     |                   | MMP           |
| 17003  | Destruction (eg, laser surgery, electrosurgery, cryosurgery,                                      | No                  |     |                   | MMP           |
| 17004  | Destruction (eg, laser surgery, electrosurgery, cryosurgery,                                      | No                  |     |                   | MMP           |
| 17106  | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 17107  | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 - 50.0 SQ CM | No                  |     |                   | MMP           |
| 17108  | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM   | No                  |     |                   | MMP           |
| 17110  | Destruction (eg, laser surgery, electro-surgery, cryosurgery,                                    | No                  |     |                   | MMP           |
| 17111  | Destruction (eg, laser surgery, electro-surgery, cryosurgery,                                    | No                  |     |                   | MMP           |
| 17250  | Chemical cauterization of granulation tissue (proud flesh, sinus or                              | No                  |     |                   | MMP           |
| 17260  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17261  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17262  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17263  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17264  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17266  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17270  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17271  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17272  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17273  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17274  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17276  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17280  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17281  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17282  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17283  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17284  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17286  | Destruction, malignant lesion (eg, laser surgery, electro-surgery,                               | No                  |     |                   | MMP           |
| 17311  | MOHS GROSS TUMOR PROC, < 5   | No                  |     |                   | MMP           |
| 17312  | MOHS GROSS TUMOR RMVL, STG 2   | No                  |     |                   | MMP           |
| 17313  | MOHS GROSS TUMOR RMVL, < 5   | No                  |     |                   | MMP           |
| 17314  | MOHS GROSS TUMOR RMVL, < 5   | No                  |     |                   | MMP           |
| 17315  | MOHS GROSS TUMOR RMVL, ADDL  | No                  |     |                   | MMP           |
| 17340  | CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE  | Yes                 |     |                   | MMP           |
| 17360  | CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)   | Yes                 |     |                   | MMP           |
| 17380  | ELECTROLYSIS EPILATION, EACH 1/2 HOUR  | Not Covered         |     |                   | MMP           |
| 17999  | UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE                                | Yes                 |     |                   | MMP           |
| 19000  | Puncture aspiration of cyst of breast;   | No                  |     |                   | MMP           |
| 19001  | Puncture aspiration of cyst of breast; each additional cyst (List                                | No                  |     |                   | MMP           |
| 19020  | Mastotomy with exploration or drainage of abscess, deep  | No                  |     |                   | MMP           |
| 19030  | Injection procedure only for mammary ductogram or galactogram                                    | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 19081  | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance   | No                  |     |                   | MMP           |
| 19082  | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)       | No                  |     |                   | MMP           |
| 19083  | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance   | No                  |     |                   | MMP           |
| 19084  | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)         | No                  |     |                   | MMP           |
| 19085  | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance   | No                  |     |                   | MMP           |
| 19086  | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 19100  | Biopsy of breast; percutaneous, needle core, not using imaging guidance  | No                  |     |                   | MMP           |
| 19101  | Biopsy of breast; open, incisional   | No                  |     |                   | MMP           |
| 19105  | ABLATION, CRYOSURGICAL, OF FIBROADEMONA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA  | No                  |     |                   | MMP           |
| 19110  | Nipple exploration, with or without excision of a solitary lactiferous   | No                  |     |                   | MMP           |
| 19112  | Excision of lactiferous duct fistula   | No                  |     |                   | MMP           |
| 19120  | Excision of cyst, fibroadenoma, or other benign or malignant tumor,  | No                  |     |                   | MMP           |
| 19125  | Excision of breast lesion identified by preoperative placement of  | No                  |     |                   | MMP           |
| 19126  | Excision of breast lesion identified by preoperative placement of  | No                  |     |                   | MMP           |
| 19260  | Excision of chest wall tumor including ribs  | No                  |     |                   | MMP           |
| 19271  | Excision of chest wall tumor involving ribs, with plastic  | No                  |     |                   | MMP           |
| 19272  | Excision of chest wall tumor involving ribs, with plastic  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 19281  | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance  | No                  |     |                   | MMP           |
| 19282  | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)      | No                  |     |                   | MMP           |
| 19283  | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance  | No                  |     |                   | MMP           |
| 19284  | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)      | No                  |     |                   | MMP           |
| 19285  | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance  | No                  |     |                   | MMP           |
| 19286  | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)        | No                  |     |                   | MMP           |
| 19287  | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance   | No                  |     |                   | MMP           |
| 19288  | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 19294  | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)                       | No                  |     |                   | MMP           |
| 19296  | Placement of radiotherapy afterloading balloon catheter into the breast  | No                  |     |                   | MMP           |
| 19297  | Placement of radiotherapy afterloading balloon catheter into the breast  | No                  |     |                   | MMP           |
| 19298  | Placement of radiotherapy afterloading brachytherapy catheters (multiple)  | No                  |     |                   | MMP           |
| 19300  | MASTECTOMY FOR GYNECOMASTIA  | Yes                 |     |                   | MMP           |
| 19301  | MASTECTOMY, PARTIAL  | No                  |     |                   | MMP           |
| 19302  | MASTECTOMY, PARTIAL; WITH AXILLARY LYMPHADENECTOMY   | No                  |     |                   | MMP           |
| 19303  | MASTECTOMY, SIMPLE; COMPLETE   | No                  |     |                   | MMP           |
| 19304  | MASTECTOMY, SUBCUTANEOUS   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 19305  | MASTECTOMY, RADICAL, AXILLARY LYMPH NODES   | No                  |     |                   | MMP           |
| 19306  | MASTECTOMY, RADICAL, AXILLARY AND INTERNAL MAMMARY LYMPH NODES  | No                  |     |                   | MMP           |
| 19307  | MASTECTOMY, MODIFIED RADICAL  | No                  |     |                   | MMP           |
| 19316  | MASTOPEXY   | Yes                 |     |                   | MMP           |
| 19318  | REDUCTION MAMMAPLASTY   | Yes                 |     |                   | MMP           |
| 19324  | MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT   | Yes                 |     |                   | MMP           |
| 19325  | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT  | Yes                 |     |                   | MMP           |
| 19328  | REMOVAL OF INTACT MAMMARY IMPLANT   | Yes                 |     |                   | MMP           |
| 19330  | REMOVAL OF MAMMARY IMPLANT MATERIAL   | Yes                 |     |                   | MMP           |
| 19340  | Immediate insertion of breast prosthesis following mastopexy,   | Yes                 |     |                   | MMP           |
| 19342  | DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION                                       | Yes                 |     |                   | MMP           |
| 19350  | NIPPLE/AREOLA RECONSTRUCTION  | Yes                 |     |                   | MMP           |
| 19355  | Correction of inverted nipples  | Yes                 |     |                   | MMP           |
| 19357  | Breast reconstruction, immediate or delayed, with tissue  | Yes                 |     |                   | MMP           |
| 19361  | Breast reconstruction with latissimus dorsi flap, with or without   | Yes                 |     |                   | MMP           |
| 19364  | BREAST RECONSTRUCTION WITH FREE FLAP  | Yes                 |     |                   | MMP           |
| 19366  | BREAST RECONSTRUCTION WITH OTHER TECHNIQUE  | Yes                 |     |                   | MMP           |
| 19367  | Breast reconstruction with transverse rectus abdominis  | Yes                 |     |                   | MMP           |
| 19368  | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE; | Yes                 |     |                   | MMP           |
| 19369  | Breast reconstruction with transverse rectus abdominis  | Yes                 |     |                   | MMP           |
| 19370  | Open periprosthetic capsulotomy, breast   | Yes                 |     |                   | MMP           |
| 19371  | PERIPROSTHETIC CAPSULECTOMY, BREAST   | Yes                 |     |                   | MMP           |
| 19380  | REVISION OF RECONSTRUCTED BREAST  | Yes                 |     |                   | MMP           |
| 19396  | PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT  | Yes                 |     |                   | MMP           |
| 19499  | UNLISTED PROCEDURE, BREAST  | Yes                 |     |                   | MMP           |
| 20005  | Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)                     | No                  |     |                   | MMP           |
| 20100  | Exploration of penetrating wound (separate procedure); neck   | No                  |     |                   | MMP           |
| 20101  | Exploration of penetrating wound (separate procedure); chest  | No                  |     |                   | MMP           |
| 20102  | Exploration of penetrating wound (separate procedure);  | No                  |     |                   | MMP           |
| 20103  | Exploration of penetrating wound (separate procedure); extremity  | No                  |     |                   | MMP           |
| 20150  | Excision of epiphyseal bar, with or without autogenous soft tissue graft  | No                  |     |                   | MMP           |
| 20200  | Biopsy, muscle; superficial   | No                  |     |                   | MMP           |
| 20205  | Biopsy, muscle; deep  | No                  |     |                   | MMP           |
| 20206  | Biopsy, muscle, percutaneous needle   | No                  |     |                   | MMP           |
| 20220  | Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum,   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 20225  | Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)   | No                  |     |                   | MMP           |
| 20240  | Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process,   | No                  |     |                   | MMP           |
| 20245  | Biopsy, bone, open; deep (eg, humerus, ischium, femur)  | No                  |     |                   | MMP           |
| 20250  | Biopsy, vertebral body, open; thoracic  | No                  |     |                   | MMP           |
| 20251  | Biopsy, vertebral body, open; lumbar or cervical  | No                  |     |                   | MMP           |
| 20500  | Injection of sinus tract; therapeutic (separate procedure)  | No                  |     |                   | MMP           |
| 20501  | Injection of sinus tract; diagnostic (sinogram)   | No                  |     |                   | MMP           |
| 20520  | Removal of foreign body in muscle or tendon sheath; simple  | No                  |     |                   | MMP           |
| 20525  | Removal of foreign body in muscle or tendon sheath; deep or complicated   | No                  |     |                   | MMP           |
| 20526  | Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel  | No                  |     |                   | MMP           |
| 20527  | Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)  | No                  |     |                   | MMP           |
| 20550  | Injection(s); single tendon sheath, or ligament, aponeurosis (eg,   | No                  |     |                   | MMP           |
| 20551  | Injection(s); single tendon origin/insertion  | No                  |     |                   | MMP           |
| 20552  | Injection(s); single or multiple trigger point(s), one or two muscle(s)   | No                  |     |                   | MMP           |
| 20553  | Injection(s); single or multiple trigger point(s), three or more  | No                  |     |                   | MMP           |
| 20555  | PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO THE PROCEDURE)   | No                  |     |                   | MMP           |
| 20600  | Arthrocentesis, aspiration and/or injection; small joint or bursa (eg,  | No                  |     |                   | MMP           |
| 20604  | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | No                  |     |                   | MMP           |
| 20605  | Arthrocentesis, aspiration and/or injection; intermediate joint or bursa  | No                  | *   |                   | MMP           |
| 20606  | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | No                  |     |                   | MMP           |
| 20610  | Arthrocentesis, aspiration and/or injection; major joint or bursa (eg,  | No                  |     |                   | MMP           |
| 20611  | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting  | No                  |     |                   | MMP           |
| 20612  | Aspiration and/or injection of ganglion cyst(s) any location  | No                  |     |                   | MMP           |
| 20615  | Aspiration and injection for treatment of bone cyst   | No                  |     |                   | MMP           |
| 20650  | Insertion of wire or pin with application of skeletal traction,   | No                  |     |                   | MMP           |
| 20660  | Application of cranial tongs, caliper, or stereotactic frame, including   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 20661  | Application of halo, including removal; cranial   | No                  |     |                   | MMP           |
| 20662  | Application of halo, including removal; pelvic  | No                  |     |                   | MMP           |
| 20663  | Application of halo, including removal; femoral   | No                  |     |                   | MMP           |
| 20664  | Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)   | No                  |     |                   | MMP           |
| 20665  | Removal of tongs or halo applied by another physician   | No                  |     |                   | MMP           |
| 20670  | Removal of implant; superficial, (eg, buried wire, pin or rod) (separate  | No                  |     |                   | MMP           |
| 20680  | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail,  | No                  |     |                   | MMP           |
| 20690  | Application of a uniplane (pins or wires in one plane), unilateral,   | No                  |     |                   | MMP           |
| 20692  | Application of a multiplane (pins or wires in more than one plane),   | No                  |     |                   | MMP           |
| 20693  | Adjustment or revision of external fixation system requiring anesthesia   | No                  |     |                   | MMP           |
| 20694  | Removal, under anesthesia, of external fixation system  | No                  |     |                   | MMP           |
| 20696  | Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment[s], assessment[s], and computation[s] o | No                  |     |                   | MMP           |
| 20697  | Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement ) of strut, each                   | No                  |     |                   | MMP           |
| 20802  | Replantation, arm (includes surgical neck of humerus through  | No                  |     |                   | MMP           |
| 20805  | Replantation, forearm (includes radius and ulna to radial carpal  | No                  |     |                   | MMP           |
| 20808  | Replantation, hand (includes hand through metacarpophalangeal   | No                  |     |                   | MMP           |
| 20816  | Replantation, digit, excluding thumb (includes  | No                  |     |                   | MMP           |
| 20822  | Replantation, digit, excluding thumb (includes distal tip to sublimis   | No                  |     |                   | MMP           |
| 20824  | Replantation, thumb (includes carpometacarpal joint to MP joint),   | No                  |     |                   | MMP           |
| 20827  | Replantation, thumb (includes distal tip to MP joint), complete   | No                  |     |                   | MMP           |
| 20838  | Replantation, foot, complete amputation   | No                  |     |                   | MMP           |
| 20900  | Bone graft, any donor area; minor or small (eg, dowel or button)  | No                  |     |                   | MMP           |
| 20902  | Bone graft, any donor area; major or large  | No                  |     |                   | MMP           |
| 20910  | Cartilage graft; costochondral  | No                  |     |                   | MMP           |
| 20912  | Cartilage graft; nasal septum   | No                  |     |                   | MMP           |
| 20920  | Fascia lata graft; by stripper  | No                  |     |                   | MMP           |
| 20922  | Fascia lata graft; by incision and area exposure, complex or sheet  | No                  |     |                   | MMP           |
| 20924  | Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)   | No                  |     |                   | MMP           |
| 20926  | Tissue grafts, other (eg, paratenon, fat, dermis)   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 20930  | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 20931  | Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 20936  | Autograft for spine surgery only (includes harvesting the graft); local  | No                  |     |                   | MMP           |
| 20937  | Autograft for spine surgery only (includes harvesting the graft);  | No                  |     |                   | MMP           |
| 20938  | Autograft for spine surgery only (includes harvesting the graft);  | No                  |     |                   | MMP           |
| 20939  | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 20950  | Monitoring of interstitial fluid pressure (includes insertion of device,   | No                  |     |                   | MMP           |
| 20955  | Bone graft with microvascular anastomosis; fibula  | No                  |     |                   | MMP           |
| 20956  | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST   | No                  |     |                   | MMP           |
| 20957  | Bone graft with microvascular anastomosis; metatarsal  | No                  |     |                   | MMP           |
| 20962  | Bone graft with microvascular anastomosis; other than fibula, iliac  | No                  |     |                   | MMP           |
| 20969  | Free osteocutaneous flap with microvascular anastomosis; other   | No                  |     |                   | MMP           |
| 20970  | Free osteocutaneous flap with microvascular anastomosis; iliac   | No                  |     |                   | MMP           |
| 20972  | Free osteocutaneous flap with microvascular anastomosis;   | No                  |     |                   | MMP           |
| 20973  | Free osteocutaneous flap with microvascular anastomosis; great   | No                  |     |                   | MMP           |
| 20974  | Electrical stimulation to aid bone healing; noninvasive (nonoperative)   | No                  |     |                   | MMP           |
| 20975  | Electrical stimulation to aid bone healing; invasive (operative)   | No                  |     |                   | MMP           |
| 20979  | Low intensity ultrasound stimulation to aid bone healing, noninvasive  | No                  |     |                   | MMP           |
| 20982  | ABLATION, BONE TUMOR(S), EG (OSTEOID, OSTEOMA, METASTASIS) RADIOFREQUENCY, PERCUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE   | No                  |     |                   | MMP           |
| 20983  | Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation | No                  |     |                   | MMP           |
| 20985  | COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | No                  |     |                   | MMP           |
| 20999  | UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL  | Yes                 |     |                   | MMP           |
| 21010  | ARTHROTOMY, TEMPOROMANDIBULAR JOINT  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21011  | EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM   | Yes                 |     |                   | MMP           |
| 21012  | EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER  | Yes                 |     |                   | MMP           |
| 21013  | EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM                   | No                  |     |                   | MMP           |
| 21014  | EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER                  | No                  |     |                   | MMP           |
| 21015  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of   | No                  |     |                   | MMP           |
| 21016  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER                          | No                  |     |                   | MMP           |
| 21025  | Excision of bone (eg, for osteomyelitis or bone abscess); mandible  | No                  |     |                   | MMP           |
| 21026  | Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)  | No                  |     |                   | MMP           |
| 21029  | Removal by contouring of benign tumor of facial bone (eg, fibrous   | No                  |     |                   | MMP           |
| 21030  | Excision of benign tumor or cyst of maxilla or zygoma by enucleation and  | No                  |     |                   | MMP           |
| 21031  | EXCISION OF TORUS MANDIBULARIS  | No                  |     |                   | MMP           |
| 21032  | EXCISION OF MAXILLARY TORUS PALATINUS   | No                  |     |                   | MMP           |
| 21034  | Excision of malignant tumor of maxilla or zygoma  | No                  |     |                   | MMP           |
| 21040  | Excision of benign tumor or cyst of mandible, by enucleation and/or   | No                  |     |                   | MMP           |
| 21044  | Excision of malignant tumor of mandible;  | No                  |     |                   | MMP           |
| 21045  | Excision of malignant tumor of mandible; radical resection  | No                  |     |                   | MMP           |
| 21046  | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY(EG, LOCALLY AGGRESSIVE OR                      | No                  |     |                   | MMP           |
| 21047  | REQUIRING EXTRA-ORAL OSTETOMY AND PARTIAL MANDIBULECTOMY(EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESIONS                      | No                  |     |                   | MMP           |
| 21048  | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY(EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S) | No                  |     |                   | MMP           |
| 21049  | REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG, LOCALLY AND DESTRUCTIVE LESION(S)                              | No                  |     |                   | MMP           |
| 21050  | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)  | Yes                 |     |                   | MMP           |
| 21060  | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)   | Yes                 |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21070  | CORONOIDECTOMY (SEPARATE PROCEDURE)   | No                  |     |                   | MMP           |
| 21073  | MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE) | Yes                 |     |                   | MMP           |
| 21076  | IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS  | No                  |     |                   | MMP           |
| 21077  | IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS   | No                  |     |                   | MMP           |
| 21079  | IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS   | No                  |     |                   | MMP           |
| 21080  | IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS  | No                  |     |                   | MMP           |
| 21081  | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS  | No                  |     |                   | MMP           |
| 21082  | IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS  | No                  |     |                   | MMP           |
| 21083  | IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS  | No                  |     |                   | MMP           |
| 21084  | IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS  | No                  |     |                   | MMP           |
| 21085  | IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT   | No                  |     |                   | MMP           |
| 21086  | IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS   | No                  |     |                   | MMP           |
| 21087  | IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS   | No                  |     |                   | MMP           |
| 21088  | IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS  | No                  |     |                   | MMP           |
| 21089  | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE   | Yes                 |     |                   | MMP           |
| 21100  | APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)                                      | No                  |     |                   | MMP           |
| 21110  | APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL                            | No                  |     |                   | MMP           |
| 21116  | INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY  | Yes                 |     |                   | MMP           |
| 21120  | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)   | Yes                 |     |                   | MMP           |
| 21121  | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE  | Yes                 |     |                   | MMP           |
| 21122  | GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)               | Yes                 |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21123  | GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)                                | Yes                 |     |                   | MMP           |
| 21125  | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL  | Yes                 |     |                   | MMP           |
| 21127  | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)                   | Yes                 |     |                   | MMP           |
| 21137  | REDUCTION FOREHEAD; CONTOURING ONLY  | Yes                 |     |                   | MMP           |
| 21138  | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)                 | Yes                 |     |                   | MMP           |
| 21139  | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL  | Yes                 |     |                   | MMP           |
| 21141  | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT | Yes                 |     |                   | MMP           |
| 21142  | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT                                | Yes                 |     |                   | MMP           |
| 21143  | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT                      | Yes                 |     |                   | MMP           |
| 21145  | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOG | Yes                 |     |                   | MMP           |
| 21146  | RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA | Yes                 |     |                   | MMP           |
| 21147  | RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINI | Yes                 |     |                   | MMP           |
| 21150  | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)  | Yes                 |     |                   | MMP           |
| 21151  | RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)                            | Yes                 |     |                   | MMP           |
| 21154  | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21155  | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I  | Yes                 |     |                   | MMP           |
| 21159  | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCL | Yes                 |     |                   | MMP           |
| 21160  | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCL | Yes                 |     |                   | MMP           |
| 21172  | RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAIN | Yes                 |     |                   | MMP           |
| 21175  | RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHALY, TRIGONO | Yes                 |     |                   | MMP           |
| 21179  | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)            | Yes                 |     |                   | MMP           |
| 21180  | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)                | Yes                 |     |                   | MMP           |
| 21181  | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL                                | Yes                 |     |                   | MMP           |
| 21182  | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF | Yes                 |     |                   | MMP           |
| 21183  | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF | Yes                 |     |                   | MMP           |
| 21184  | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF | Yes                 |     |                   | MMP           |
| 21188  | RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)                       | Yes                 |     |                   | MMP           |
| 21193  | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT                                 | Yes                 |     |                   | MMP           |
| 21194  | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)         | Yes                 |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21195  | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION                                      | Yes                 |     |                   | MMP           |
| 21196  | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION   | Yes                 |     |                   | MMP           |
| 21198  | OSTEOTOMY, MANDIBLE, SEGMENTAL  | Yes                 |     |                   | MMP           |
| 21199  | OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT   | Yes                 |     |                   | MMP           |
| 21206  | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)   | Yes                 |     |                   | MMP           |
| 21208  | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)   | Yes                 |     |                   | MMP           |
| 21209  | OSTEOPLASTY, FACIAL BONES; REDUCTION  | Yes                 |     |                   | MMP           |
| 21210  | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)   | Yes                 |     |                   | MMP           |
| 21215  | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)  | Yes                 |     |                   | MMP           |
| 21230  | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)   | Yes                 |     |                   | MMP           |
| 21235  | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)   | Yes                 |     |                   | MMP           |
| 21240  | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)   | Yes                 |     |                   | MMP           |
| 21242  | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT   | Yes                 |     |                   | MMP           |
| 21243  | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT  | Yes                 |     |                   | MMP           |
| 21244  | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)                               | Yes                 |     |                   | MMP           |
| 21245  | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL   | Yes                 |     |                   | MMP           |
| 21246  | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE  | Yes                 |     |                   | MMP           |
| 21247  | RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIFACIAL MICROSUMIA) | Yes                 |     |                   | MMP           |
| 21248  | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL   | Yes                 |     |                   | MMP           |
| 21249  | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE  | Yes                 |     |                   | MMP           |
| 21255  | RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)                          | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21256  | RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICRO- OPHTHALMI | Yes                 |     |                   | MMP           |
| 21260  | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH   | Yes                 |     |                   | MMP           |
| 21261  | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH                     | Yes                 |     |                   | MMP           |
| 21263  | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT                                     | Yes                 |     |                   | MMP           |
| 21267  | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH                                | Yes                 |     |                   | MMP           |
| 21268  | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH            | Yes                 |     |                   | MMP           |
| 21270  | MALAR AUGMENTATION, PROSTHETIC MATERIAL  | Yes                 |     |                   | MMP           |
| 21275  | Secondary revision of orbitocraniofacial reconstruction  | Yes                 |     |                   | MMP           |
| 21280  | MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)   | Yes                 |     |                   | MMP           |
| 21282  | LATERAL CANTHOPEXY   | Yes                 |     |                   | MMP           |
| 21295  | Reduction of masseter muscle and bone (eg, for treatment of benign   | Yes                 |     |                   | MMP           |
| 21296  | Reduction of masseter muscle and bone (eg, for treatment of benign   | Yes                 |     |                   | MMP           |
| 21299  | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE  | Yes                 |     |                   | MMP           |
| 21310  | Closed treatment of nasal bone fracture without manipulation   | No                  |     |                   | MMP           |
| 21315  | Closed treatment of nasal bone fracture; without stabilization   | No                  |     |                   | MMP           |
| 21320  | Closed treatment of nasal bone fracture; with stabilization  | No                  |     |                   | MMP           |
| 21325  | Open treatment of nasal fracture; uncomplicated  | No                  |     |                   | MMP           |
| 21330  | Open treatment of nasal fracture; complicated, with internal and/or  | No                  |     |                   | MMP           |
| 21335  | Open treatment of nasal fracture; with concomitant open treatment of   | No                  |     |                   | MMP           |
| 21336  | Open treatment of nasal septal fracture, with or without stabilization   | No                  |     |                   | MMP           |
| 21337  | Closed treatment of nasal septal fracture, with or without stabilization   | No                  |     |                   | MMP           |
| 21338  | Open treatment of nasoethmoid fracture; without external fixation  | No                  |     |                   | MMP           |
| 21339  | Open treatment of nasoethmoid fracture; with external fixation   | No                  |     |                   | MMP           |
| 21340  | Percutaneous treatment of nasoethmoid complex fracture, with splint,   | No                  |     |                   | MMP           |
| 21343  | Open treatment of depressed frontal sinus fracture   | No                  |     |                   | MMP           |
| 21344  | Open treatment of complicated (eg, comminuted or involving   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21345  | CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLI | No                  |     |                   | MMP           |
| 21346  | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION                               | No                  |     |                   | MMP           |
| 21347  | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES                              | No                  |     |                   | MMP           |
| 21348  | OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)                   | No                  |     |                   | MMP           |
| 21355  | Percutaneous treatment of fracture of malar area, including zygomatic  | No                  |     |                   | MMP           |
| 21356  | Open treatment of depressed zygomatic arch fracture (eg, Gillies   | No                  |     |                   | MMP           |
| 21360  | Open treatment of depressed malar fracture, including zygomatic  | No                  |     |                   | MMP           |
| 21365  | Open treatment of complicated (eg, comminuted or involving   | No                  |     |                   | MMP           |
| 21366  | Open treatment of complicated (eg, comminuted or involving   | No                  |     |                   | MMP           |
| 21385  | Open treatment of orbital floor blowout fracture; transantral  | No                  |     |                   | MMP           |
| 21386  | Open treatment of orbital floor blowout fracture; periorbital  | No                  |     |                   | MMP           |
| 21387  | Open treatment of orbital floor blowout fracture; combined   | No                  |     |                   | MMP           |
| 21390  | Open treatment of orbital floor blowout fracture; periorbital  | No                  |     |                   | MMP           |
| 21395  | Open treatment of orbital floor blowout fracture; periorbital  | No                  |     |                   | MMP           |
| 21400  | Closed treatment of fracture of orbit, except blowout; without   | No                  |     |                   | MMP           |
| 21401  | Closed treatment of fracture of orbit, except blowout; with manipulation   | No                  |     |                   | MMP           |
| 21406  | Open treatment of fracture of orbit, except blowout; without   | No                  |     |                   | MMP           |
| 21407  | Open treatment of fracture of orbit, except blowout; with implant  | No                  |     |                   | MMP           |
| 21408  | Open treatment of fracture of orbit, except blowout; with bone   | No                  |     |                   | MMP           |
| 21421  | Closed treatment of palatal or maxillary fracture (LeFort I type), with  | No                  |     |                   | MMP           |
| 21422  | Open treatment of palatal or maxillary fracture (LeFort I type);   | No                  |     |                   | MMP           |
| 21423  | Open treatment of palatal or maxillary fracture (LeFort I type);   | No                  |     |                   | MMP           |
| 21431  | CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT                 | No                  |     |                   | MMP           |
| 21432  | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION                                  | No                  |     |                   | MMP           |
| 21433  | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA), MUL | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21435  | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL FIXATION TECHNIQUES ( | No                  |     |                   | MMP           |
| 21436  | OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERNAL FIXATION, WITH BO | No                  |     |                   | MMP           |
| 21440  | Closed treatment of mandibular or maxillary alveolar ridge fracture  | No                  |     |                   | MMP           |
| 21445  | Open treatment of mandibular or maxillary alveolar ridge fracture  | No                  |     |                   | MMP           |
| 21450  | Closed treatment of mandibular fracture; without manipulation  | No                  |     |                   | MMP           |
| 21451  | Closed treatment of mandibular fracture; with manipulation   | No                  |     |                   | MMP           |
| 21452  | Percutaneous treatment of mandibular fracture, with external fixation  | No                  |     |                   | MMP           |
| 21453  | Closed treatment of mandibular fracture with interdental fixation  | No                  |     |                   | MMP           |
| 21454  | Open treatment of mandibular fracture with external fixation   | No                  |     |                   | MMP           |
| 21461  | Open treatment of mandibular fracture; without interdental   | No                  |     |                   | MMP           |
| 21462  | Open treatment of mandibular fracture; with interdental fixation   | No                  |     |                   | MMP           |
| 21465  | Open treatment of mandibular condylar fracture   | No                  |     |                   | MMP           |
| 21470  | Open treatment of complicated mandibular fracture by multiple  | No                  |     |                   | MMP           |
| 21480  | Closed treatment of temporomandibular dislocation; initial or subsequent   | No                  |     |                   | MMP           |
| 21485  | Closed treatment of temporomandibular dislocation; complicated (eg,  | No                  |     |                   | MMP           |
| 21490  | Open treatment of temporomandibular dislocation  | No                  |     |                   | MMP           |
| 21499  | UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD   | Yes                 |     |                   | MMP           |
| 21501  | Incision and drainage, deep abscess or hematoma, soft tissues of neck  | No                  |     |                   | MMP           |
| 21502  | Incision and drainage, deep abscess or hematoma, soft tissues of neck  | No                  |     |                   | MMP           |
| 21510  | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or  | No                  |     |                   | MMP           |
| 21550  | Biopsy, soft tissue of neck or thorax  | No                  |     |                   | MMP           |
| 21552  | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS; 3 CM OR GREATER   | Yes                 |     |                   | MMP           |
| 21554  | EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR; 5 CM OR GREATER                                    | No                  |     |                   | MMP           |
| 21555  | Excision tumor, soft tissue of neck or thorax; subcutaneous  | Yes                 |     |                   | MMP           |
| 21556  | Excision tumor, soft tissue of neck or thorax; deep, subfascial,   | No                  |     |                   | MMP           |
| 21557  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax   | No                  |     |                   | MMP           |
| 21558  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THORAX; 5 CM OR GREATER                                | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 21600  | Excision of rib, partial  | No                  |     |                   | MMP           |
| 21610  | Costotransversectomy (separate procedure)   | No                  |     |                   | MMP           |
| 21615  | Excision first and/or cervical rib;   | No                  |     |                   | MMP           |
| 21616  | Excision first and/or cervical rib; with sympathectomy  | No                  |     |                   | MMP           |
| 21620  | Ostectomy of sternum, partial   | No                  |     |                   | MMP           |
| 21627  | Sternal debridement   | No                  |     |                   | MMP           |
| 21630  | Radical resection of sternum;   | No                  |     |                   | MMP           |
| 21632  | Radical resection of sternum; with mediastinal lymphadenectomy  | No                  |     |                   | MMP           |
| 21685  | HYOID MYOTOMY AND SUSPENSION  | No                  |     |                   | MMP           |
| 21700  | Division of scalenus anticus; without resection of cervical rib   | No                  |     |                   | MMP           |
| 21705  | Division of scalenus anticus; with resection of cervical rib  | No                  |     |                   | MMP           |
| 21720  | Division of sternocleidomastoid for torticollis, open operation; without  | No                  |     |                   | MMP           |
| 21725  | Division of sternocleidomastoid for torticollis, open operation; with   | No                  |     |                   | MMP           |
| 21740  | Reconstructive repair of pectus excavatum or carinatum; open  | Yes                 |     |                   | MMP           |
| 21742  | MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY  | Yes                 |     |                   | MMP           |
| 21743  | MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY   | Yes                 |     |                   | MMP           |
| 21750  | Closure of median sternotomy separation with or without   | No                  |     |                   | MMP           |
| 21811  | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs       | No                  |     |                   | MMP           |
| 21812  | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs       | No                  |     |                   | MMP           |
| 21813  | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs | No                  |     |                   | MMP           |
| 21820  | Closed treatment of sternum fracture  | No                  |     |                   | MMP           |
| 21825  | Open treatment of sternum fracture with or without skeletal   | No                  |     |                   | MMP           |
| 21899  | UNLISTED PROCEDURE, NECK OR THORAX  | Yes                 |     |                   | MMP           |
| 21920  | Biopsy, soft tissue of back or flank; superficial   | Yes                 |     |                   | MMP           |
| 21925  | Biopsy, soft tissue of back or flank; deep  | Yes                 |     |                   | MMP           |
| 21930  | Excision, tumor, soft tissue of back or flank   | Yes                 |     |                   | MMP           |
| 21931  | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK; 3 CM OR GREATER  | Yes                 |     |                   | MMP           |
| 21932  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; LESS THAN 5 CM   | No                  |     |                   | MMP           |
| 21933  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER  | No                  |     |                   | MMP           |
| 21935  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of   | No                  |     |                   | MMP           |
| 21936  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22010  | I&d, p-spine, c/t/cerv-thor   | No                  |     |                   | MMP           |
| 22015  | I&d, p-spine, l/s/l   | No                  |     |                   | MMP           |
| 22100  | Partial excision of posterior vertebral component (eg, spinous)   | No                  |     |                   | MMP           |
| 22101  | Partial excision of posterior vertebral component (eg, spinous)   | No                  |     |                   | MMP           |
| 22102  | Partial excision of posterior vertebral component (eg, spinous)   | No                  |     |                   | MMP           |
| 22103  | Partial excision of posterior vertebral component (eg, spinous)   | No                  |     |                   | MMP           |
| 22110  | Partial excision of vertebral body, for intrinsic bony lesion, without  | No                  |     |                   | MMP           |
| 22112  | Partial excision of vertebral body, for intrinsic bony lesion, without  | No                  |     |                   | MMP           |
| 22114  | Partial excision of vertebral body, for intrinsic bony lesion, without  | No                  |     |                   | MMP           |
| 22116  | Partial excision of vertebral body, for intrinsic bony lesion, without  | No                  |     |                   | MMP           |
| 22206  | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONEVERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC  | No                  |     |                   | MMP           |
| 22207  | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONEVERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR  | No                  |     |                   | MMP           |
| 22208  | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONEVERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | No                  |     |                   | MMP           |
| 22210  | Osteotomy of spine, posterior or posterolateral approach, one   | No                  |     |                   | MMP           |
| 22212  | Osteotomy of spine, posterior or posterolateral approach, one   | No                  |     |                   | MMP           |
| 22214  | Osteotomy of spine, posterior or posterolateral approach, one   | No                  |     |                   | MMP           |
| 22216  | Osteotomy of spine, posterior or posterolateral approach, one   | No                  |     |                   | MMP           |
| 22220  | Osteotomy of spine, including discectomy, anterior approach,  | No                  |     |                   | MMP           |
| 22222  | Osteotomy of spine, including discectomy, anterior approach,  | No                  |     |                   | MMP           |
| 22224  | Osteotomy of spine, including discectomy, anterior approach,  | No                  |     |                   | MMP           |
| 22226  | Osteotomy of spine, including discectomy, anterior approach,  | No                  |     |                   | MMP           |
| 22310  | Closed treatment of vertebral body fracture(s), without manipulation,   | No                  |     |                   | MMP           |
| 22315  | Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction   | No                  |     |                   | MMP           |
| 22318  | Open treatment and/or reduction of odontoid fracture(s) and or  | No                  |     |                   | MMP           |
| 22319  | Open treatment and/or reduction of odontoid fracture(s) and or  | No                  |     |                   | MMP           |
| 22325  | Open treatment and/or reduction of vertebral fracture(s) and/or   | No                  |     |                   | MMP           |
| 22326  | Open treatment and/or reduction of vertebral fracture(s) and/or   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22327  | Open treatment and/or reduction of vertebral fracture(s) and/or  | No                  |     |                   | MMP           |
| 22328  | Open treatment and/or reduction of vertebral fracture(s) and/or  | No                  |     |                   | MMP           |
| 22505  | Manipulation of spine requiring anesthesia, any region   | No                  |     |                   | MMP           |
| 22510  | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic   | No                  |     |                   | MMP           |
| 22511  | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral   | No                  |     |                   | MMP           |
| 22512  | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 22513  | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic  | No                  |     |                   | MMP           |
| 22514  | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar  | No                  |     |                   | MMP           |
| 22515  | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 22526  | PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUROSCOPIC GUIDANCE; SINGLE LEVEL   | Not Covered         |     |                   | MMP           |
| 22527  | PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUROSCOPIC GUIDANCE; 1 OR MORE ADD'L LVLS   | Not Covered         |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22532  | ARTHRODESIS, LATERAL EXTRACAVITY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THO  | No                  |     |                   | MMP           |
| 22556  | Arthrodesis, anterior interbody technique, including minimal  | No                  |     |                   | MMP           |
| 22558  | Arthrodesis, anterior interbody technique, including minimal  | No                  |     |                   | MMP           |
| 22585  | Additional spinal fusion  | No                  |     |                   | MMP           |
| 22586  | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace  | No                  |     |                   | MMP           |
| 22590  | Arthrodesis, posterior technique, craniocervical (occiput-C2)   | No                  |     |                   | MMP           |
| 22595  | Arthrodesis, posterior technique, atlas-axis (C1-C2)  | No                  |     |                   | MMP           |
| 22600  | Arthrodesis, posterior or posterolateral technique, single level;   | No                  |     |                   | MMP           |
| 22610  | Arthrodesis, posterior or posterolateral technique, single level;   | No                  |     |                   | MMP           |
| 22612  | Arthrodesis, posterior or posterolateral technique, single level;   | No                  |     |                   | MMP           |
| 22614  | Arthrodesis, posterior or posterolateral technique, single level;   | No                  |     |                   | MMP           |
| 22630  | Arthrodesis, posterior interbody technique, including laminectomy   | No                  |     |                   | MMP           |
| 22632  | Arthrodesis, posterior interbody technique, including laminectomy   | No                  |     |                   | MMP           |
| 22633  | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar   | No                  |     |                   | MMP           |
| 22634  | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 22800  | Arthrodesis, posterior, for spinal deformity, with or without cast; up  | No                  |     |                   | MMP           |
| 22802  | Arthrodesis, posterior, for spinal deformity, with or without cast; 7   | No                  |     |                   | MMP           |
| 22804  | Arthrodesis, posterior, for spinal deformity, with or without cast; 13  | No                  |     |                   | MMP           |
| 22808  | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to   | No                  |     |                   | MMP           |
| 22810  | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to   | No                  |     |                   | MMP           |
| 22812  | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or   | No                  |     |                   | MMP           |
| 22818  | Kyphectomy, circumferential exposure of spine and resection of  | No                  |     |                   | MMP           |
| 22819  | Kyphectomy, circumferential exposure of spine and resection of  | No                  |     |                   | MMP           |
| 22830  | Exploration of spinal fusion  | No                  |     |                   | MMP           |
| 22840  | Posterior non-segmental instrumentation (eg, Harrington rod technique,  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22841  | Internal spinal fixation by wiring of spinous processes  | No                  |     |                   | MMP           |
| 22842  | Posterior segmental instrumentation (eg, pedicle fixation, dual  | No                  |     |                   | MMP           |
| 22843  | Posterior segmental instrumentation (eg, pedicle fixation, dual  | No                  |     |                   | MMP           |
| 22844  | Posterior segmental instrumentation (eg, pedicle fixation, dual  | No                  |     |                   | MMP           |
| 22845  | Anterior instrumentation; 2 to 3 vertebral segments  | No                  |     |                   | MMP           |
| 22846  | Anterior instrumentation; 4 to 7 vertebral segments  | No                  |     |                   | MMP           |
| 22847  | Anterior instrumentation; 8 or more vertebral segments   | No                  |     |                   | MMP           |
| 22848  | Pelvic fixation (attachment of caudal end of instrumentation to  | No                  |     |                   | MMP           |
| 22849  | Reinsertion of spinal fixation device  | No                  |     |                   | MMP           |
| 22850  | Removal of posterior nonsegmental instrumentation (eg,   | No                  |     |                   | MMP           |
| 22852  | Removal of posterior segmental instrumentation   | No                  |     |                   | MMP           |
| 22853  | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 22854  | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 22855  | Removal of anterior instrumentation  | No                  |     |                   | MMP           |
| 22856  | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical  | No                  |     |                   | MMP           |
| 22857  | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCL DISCECTOMY TO PREPARE INTERSPACE, LUMBAR, SINGLE INTERSPACE   | No                  |     |                   | MMP           |
| 22858  | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22859  | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 22861  | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical  | No                  |     |                   | MMP           |
| 22862  | REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH, LUMBAR, SINGLE  | No                  |     |                   | MMP           |
| 22864  | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical   | No                  |     |                   | MMP           |
| 22865  | REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE   | No                  |     |                   | MMP           |
| 22867  | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level  | No                  |     |                   | MMP           |
| 22868  | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)                        | No                  |     |                   | MMP           |
| 22869  | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level   | No                  |     |                   | MMP           |
| 22870  | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)                           | No                  |     |                   | MMP           |
| 22899  | UNLISTED PROCEDURE, SPINE  | Yes                 |     |                   | MMP           |
| 22900  | Excision, abdominal wall tumor, subfascial (eg, desmoid)   | No                  |     |                   | MMP           |
| 22901  | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); GREATER THAN 5 CM  | No                  |     |                   | MMP           |
| 22902  | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM   | Yes                 |     |                   | MMP           |
| 22903  | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; GREATER THAN 3 CM  | Yes                 |     |                   | MMP           |
| 22904  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL, LESS THAN 5 CM   | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 22905  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL, GREATER THAN 5 CM | No                  |     |                   | MMP           |
| 22999  | UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM   | Yes                 |     |                   | MMP           |
| 23000  | Removal of subdeltoid calcareous deposits, open   | No                  |     |                   | MMP           |
| 23020  | Capsular contracture release (eg, Sever type procedure)   | No                  |     |                   | MMP           |
| 23030  | Incision and drainage, shoulder area; deep abscess or hematoma  | No                  |     |                   | MMP           |
| 23031  | Incision and drainage, shoulder area; infected bursa  | No                  |     |                   | MMP           |
| 23035  | Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area                              | No                  |     |                   | MMP           |
| 23040  | Arthrotomy, glenohumeral joint, including exploration, drainage, or                                   | No                  |     |                   | MMP           |
| 23044  | Arthrotomy, acromioclavicular, sternoclavicular joint, including                                      | No                  |     |                   | MMP           |
| 23065  | Biopsy, soft tissue of shoulder area; superficial   | Yes                 |     |                   | MMP           |
| 23066  | Biopsy, soft tissue of shoulder area; deep  | No                  |     |                   | MMP           |
| 23071  | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; GREATER THAN 3 CM                        | Yes                 |     |                   | MMP           |
| 23073  | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); GREATER THAN 5 CM      | No                  |     |                   | MMP           |
| 23075  | Excision, soft tissue tumor, shoulder area; subcutaneous  | Yes                 |     |                   | MMP           |
| 23076  | Excision, soft tissue tumor, shoulder area; deep, subfascial, or                                      | No                  |     |                   | MMP           |
| 23077  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of                                   | No                  |     |                   | MMP           |
| 23078  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA; GREATER THAN 5 CM  | No                  |     |                   | MMP           |
| 23100  | Arthrotomy, glenohumeral joint, including biopsy  | No                  |     |                   | MMP           |
| 23101  | Arthrotomy, acromioclavicular joint or sternoclavicular joint, including                              | No                  |     |                   | MMP           |
| 23105  | Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy                              | No                  |     |                   | MMP           |
| 23106  | Arthrotomy; sternoclavicular joint, with synovectomy, with or without                                 | No                  |     |                   | MMP           |
| 23107  | Arthrotomy, glenohumeral joint, with joint exploration, with or without                               | No                  |     |                   | MMP           |
| 23120  | Claviculectomy; partial   | No                  |     |                   | MMP           |
| 23125  | Claviculectomy; total   | No                  |     |                   | MMP           |
| 23130  | Acromioplasty or acromionectomy, partial, with or without coracoacromial                              | No                  |     |                   | MMP           |
| 23140  | Excision or curettage of bone cyst or benign tumor of clavicle or                                     | No                  |     |                   | MMP           |
| 23145  | Excision or curettage of bone cyst or benign tumor of clavicle or                                     | No                  |     |                   | MMP           |
| 23146  | Excision or curettage of bone cyst or benign tumor of clavicle or                                     | No                  |     |                   | MMP           |
| 23150  | Excision or curettage of bone cyst or benign tumor of proximal humerus;                               | No                  |     |                   | MMP           |
| 23155  | Excision or curettage of bone cyst or benign tumor of proximal humerus;                               | No                  |     |                   | MMP           |
| 23156  | Excision or curettage of bone cyst or benign tumor of proximal humerus;                               | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 23170  | Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle  | No                  |     |                   | MMP           |
| 23172  | Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula   | No                  |     |                   | MMP           |
| 23174  | Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head  | No                  |     |                   | MMP           |
| 23180  | Partial excision (craterization, saucerization, or diaphysectomy) bone  | No                  |     |                   | MMP           |
| 23182  | Partial excision (craterization, saucerization, or diaphysectomy) bone  | No                  |     |                   | MMP           |
| 23184  | Partial excision (craterization, saucerization, or diaphysectomy) bone  | No                  |     |                   | MMP           |
| 23190  | Ostectomy of scapula, partial (eg, superior medial angle)   | No                  |     |                   | MMP           |
| 23195  | Resection, humeral head   | No                  |     |                   | MMP           |
| 23200  | Radical resection for tumor; clavicle   | No                  |     |                   | MMP           |
| 23210  | Radical resection for tumor; scapula  | No                  |     |                   | MMP           |
| 23220  | Radical resection of bone tumor, proximal humerus;  | No                  |     |                   | MMP           |
| 23330  | Removal of foreign body, shoulder; subcutaneous   | No                  |     |                   | MMP           |
| 23333  | Removal of foreign body, shoulder; deep (subfascial or intramuscular)   | No                  |     |                   | MMP           |
| 23334  | Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component                        | No                  |     |                   | MMP           |
| 23335  | Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder) | No                  |     |                   | MMP           |
| 23350  | Injection procedure for shoulder arthrography or enhanced CT/MRI  | No                  |     |                   | MMP           |
| 23395  | Muscle transfer, any type, shoulder or upper arm; single  | No                  |     |                   | MMP           |
| 23397  | Muscle transfer, any type, shoulder or upper arm; multiple  | No                  |     |                   | MMP           |
| 23400  | Scapulopexy (eg, Sprengels deformity or for paralysis)  | No                  |     |                   | MMP           |
| 23405  | Tenotomy, shoulder area; single tendon  | No                  |     |                   | MMP           |
| 23406  | Tenotomy, shoulder area; multiple tendons through same incision   | No                  |     |                   | MMP           |
| 23410  | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute   | No                  |     |                   | MMP           |
| 23412  | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open;   | No                  |     |                   | MMP           |
| 23415  | Coracoacromial ligament release, with or without acromioplasty  | No                  |     |                   | MMP           |
| 23420  | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic  | No                  |     |                   | MMP           |
| 23430  | Tenodesis of long tendon of biceps  | No                  |     |                   | MMP           |
| 23440  | Resection or transplantation of long tendon of biceps   | No                  |     |                   | MMP           |
| 23450  | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type  | No                  |     |                   | MMP           |
| 23455  | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)  | No                  |     |                   | MMP           |
| 23460  | Capsulorrhaphy, anterior, any type; with bone block   | No                  |     |                   | MMP           |
| 23462  | Capsulorrhaphy, anterior, any type; with coracoid process transfer  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 23465  | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone  | No                  |     |                   | MMP           |
| 23466  | Capsulorrhaphy, glenohumeral joint, any type multi-directional   | No                  |     |                   | MMP           |
| 23470  | Arthroplasty, glenohumeral joint; hemiarthroplasty   | No                  |     |                   | MMP           |
| 23472  | Arthroplasty, glenohumeral joint; total shoulder (glenoid and  | No                  |     |                   | MMP           |
| 23473  | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component  | No                  |     |                   | MMP           |
| 23474  | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | No                  |     |                   | MMP           |
| 23480  | Osteotomy, clavicle, with or without internal fixation;  | No                  |     |                   | MMP           |
| 23485  | Osteotomy, clavicle, with or without internal fixation; with bone graft                                    | No                  |     |                   | MMP           |
| 23490  | Prophylactic treatment (nailing, pinning, plating or wiring) with or                                       | No                  |     |                   | MMP           |
| 23491  | Prophylactic treatment (nailing, pinning, plating or wiring) with or                                       | No                  |     |                   | MMP           |
| 23500  | Closed treatment of clavicular fracture; without manipulation  | No                  |     |                   | MMP           |
| 23505  | Closed treatment of clavicular fracture; with manipulation   | No                  |     |                   | MMP           |
| 23515  | Open treatment of clavicular fracture, with or without internal or   | No                  |     |                   | MMP           |
| 23520  | Closed treatment of sternoclavicular dislocation; without manipulation                                     | No                  |     |                   | MMP           |
| 23525  | Closed treatment of sternoclavicular dislocation; with manipulation  | No                  |     |                   | MMP           |
| 23530  | Open treatment of sternoclavicular dislocation, acute or chronic;  | No                  |     |                   | MMP           |
| 23532  | Open treatment of sternoclavicular dislocation, acute or chronic; with                                     | No                  |     |                   | MMP           |
| 23540  | Closed treatment of acromioclavicular dislocation; without manipulation                                    | No                  |     |                   | MMP           |
| 23545  | Closed treatment of acromioclavicular dislocation; with manipulation                                       | No                  |     |                   | MMP           |
| 23550  | Open treatment of acromioclavicular dislocation, acute or chronic;   | No                  |     |                   | MMP           |
| 23552  | Open treatment of acromioclavicular dislocation, acute or chronic; with                                    | No                  |     |                   | MMP           |
| 23570  | Closed treatment of scapular fracture; without manipulation  | No                  |     |                   | MMP           |
| 23575  | Closed treatment of scapular fracture; with manipulation, with or  | No                  |     |                   | MMP           |
| 23585  | Open treatment of scapular fracture (body, glenoid or acromion) with or                                    | No                  |     |                   | MMP           |
| 23600  | Closed treatment of proximal humeral (surgical or anatomical neck)   | No                  |     |                   | MMP           |
| 23605  | Closed treatment of proximal humeral (surgical or anatomical neck)   | No                  |     |                   | MMP           |
| 23615  | Open treatment of proximal humeral (surgical or anatomical neck)   | No                  |     |                   | MMP           |
| 23616  | Open treatment of proximal humeral (surgical or anatomical neck)   | No                  |     |                   | MMP           |
| 23620  | Treat great humeral tuberosity fx  | No                  |     |                   | MMP           |
| 23625  | Closed treatment of greater humeral tuberosity fracture; with  | No                  |     |                   | MMP           |
| 23630  | Open treatment of greater humeral tuberosity fracture, with or without                                     | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 23650  | Closed treatment of shoulder dislocation, with manipulation; without   | No                  |     |                   | MMP           |
| 23655  | Closed treatment of shoulder dislocation, with manipulation; requiring   | No                  |     |                   | MMP           |
| 23660  | Open treatment of acute shoulder dislocation   | No                  |     |                   | MMP           |
| 23665  | Closed treatment of shoulder dislocation, with fracture of greater   | No                  |     |                   | MMP           |
| 23670  | Open treatment of shoulder dislocation, with fracture of greater humeral                                       | No                  |     |                   | MMP           |
| 23675  | Closed treatment of shoulder dislocation, with surgical or anatomical  | No                  |     |                   | MMP           |
| 23680  | Open treatment of shoulder dislocation, with surgical or anatomical neck                                       | No                  |     |                   | MMP           |
| 23700  | Manipulation under anesthesia, shoulder joint, including application of  | No                  |     |                   | MMP           |
| 23800  | Arthrodesis, glenohumeral joint;   | No                  |     |                   | MMP           |
| 23802  | Arthrodesis, glenohumeral joint; with autogenous graft (includes   | No                  |     |                   | MMP           |
| 23900  | Interthoracoscaphular amputation (forequarter)   | No                  |     |                   | MMP           |
| 23920  | Disarticulation of shoulder;   | No                  |     |                   | MMP           |
| 23921  | Disarticulation of shoulder; secondary closure or scar revision  | No                  |     |                   | MMP           |
| 23929  | UNLISTED PROCEDURE, SHOULDER   | Yes                 |     |                   | MMP           |
| 23930  | Incision and drainage, upper arm or elbow area; deep abscess or  | No                  |     |                   | MMP           |
| 23931  | Incision and drainage, upper arm or elbow area; bursa  | No                  |     |                   | MMP           |
| 23935  | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or  | No                  |     |                   | MMP           |
| 24000  | Arthrotomy, elbow, including exploration, drainage, or removal of  | No                  |     |                   | MMP           |
| 24006  | Arthrotomy of the elbow, with capsular excision for capsular release   | No                  |     |                   | MMP           |
| 24065  | Biopsy, soft tissue of upper arm or elbow area; superficial  | Yes                 |     |                   | MMP           |
| 24066  | Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or  | No                  |     |                   | MMP           |
| 24071  | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; GREATER THAN 3 CM                       | Yes                 |     |                   | MMP           |
| 24073  | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); GREATER THAN 5 CM     | No                  |     |                   | MMP           |
| 24075  | Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous  | Yes                 |     |                   | MMP           |
| 24076  | Excision, tumor, soft tissue of upper arm or elbow area; deep  | No                  |     |                   | MMP           |
| 24077  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of  | No                  |     |                   | MMP           |
| 24079  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; GREATER THAN 5 CM | No                  |     |                   | MMP           |
| 24100  | Arthrotomy, elbow; with synovial biopsy only   | No                  |     |                   | MMP           |
| 24101  | Arthrotomy, elbow; with joint exploration, with or without biopsy, with  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 24102  | Arthrotomy, elbow; with synovectomy                                     | No                  |     |                   | MMP           |
| 24105  | Excision, olecranon bursa   | No                  |     |                   | MMP           |
| 24110  | Excision or curettage of bone cyst or benign tumor, humerus;            | No                  |     |                   | MMP           |
| 24115  | Excision or curettage of bone cyst or benign tumor, humerus; with       | No                  |     |                   | MMP           |
| 24116  | Excision or curettage of bone cyst or benign tumor, humerus; with       | No                  |     |                   | MMP           |
| 24120  | Excision or curettage of bone cyst or benign tumor of head or neck of   | No                  |     |                   | MMP           |
| 24125  | Excision or curettage of bone cyst or benign tumor of head or neck of   | No                  |     |                   | MMP           |
| 24126  | Excision or curettage of bone cyst or benign tumor of head or neck of   | No                  |     |                   | MMP           |
| 24130  | Excision, radial head   | No                  |     |                   | MMP           |
| 24134  | Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal | No                  |     |                   | MMP           |
| 24136  | Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or  | No                  |     |                   | MMP           |
| 24138  | Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon       | No                  |     |                   | MMP           |
| 24140  | Partial excision (craterization, saucerization, or diaphysectomy) bone  | No                  |     |                   | MMP           |
| 24145  | Partial excision (craterization, saucerization, or diaphysectomy) bone  | No                  |     |                   | MMP           |
| 24147  | Partial excision (craterization, saucerization, or diaphysectomy) bone  | No                  |     |                   | MMP           |
| 24149  | Radical resection of capsule, soft tissue, and heterotopic bone, elbow, | No                  |     |                   | MMP           |
| 24150  | Radical resection for tumor, shaft or distal humerus;                   | No                  |     |                   | MMP           |
| 24152  | Radical resection for tumor, radial head or neck;                       | No                  |     |                   | MMP           |
| 24155  | Resection of elbow joint (arthrectomy)                                  | No                  |     |                   | MMP           |
| 24160  | Implant removal; elbow joint  | No                  |     |                   | MMP           |
| 24164  | Implant removal; radial head  | No                  |     |                   | MMP           |
| 24200  | Removal of foreign body, upper arm or elbow area; subcutaneous          | No                  |     |                   | MMP           |
| 24201  | Removal of foreign body, upper arm or elbow area; deep (subfascial or   | No                  |     |                   | MMP           |
| 24220  | Injection procedure for elbow arthrography                              | No                  |     |                   | MMP           |
| 24300  | Manipulation, elbow, under anesthesia                                   | No                  |     |                   | MMP           |
| 24301  | Muscle or tendon transfer, any type, upper arm or elbow, single         | No                  |     |                   | MMP           |
| 24305  | Tendon lengthening, upper arm or elbow, each tendon                     | No                  |     |                   | MMP           |
| 24310  | Tenotomy, open, elbow to shoulder, each tendon                          | No                  |     |                   | MMP           |
| 24320  | Tenoplasty, with muscle transfer, with or without free graft, elbow to  | No                  |     |                   | MMP           |
| 24330  | Flexor-plasty, elbow (eg, Steindler type advancement);                  | No                  |     |                   | MMP           |
| 24331  | Flexor-plasty, elbow (eg, Steindler type advancement); with extensor    | No                  |     |                   | MMP           |
| 24332  | Tenolysis, triceps  | No                  |     |                   | MMP           |
| 24340  | Tenodesis of biceps tendon at elbow (separate procedure)                | No                  |     |                   | MMP           |
| 24341  | Repair, tendon or muscle, upper arm or elbow, each tendon or muscle,    | No                  |     |                   | MMP           |
| 24342  | Reinsertion of ruptured biceps or triceps tendon, distal, with or       | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 24343  | Repair lateral collateral ligament, elbow, with local tissue  | No                  |     |                   | MMP           |
| 24344  | Reconstruction lateral collateral ligament, elbow, with tendon graft  | No                  |     |                   | MMP           |
| 24345  | Repair medial collateral ligament, elbow, with local tissue   | No                  |     |                   | MMP           |
| 24346  | Reconstruction medial collateral ligament, elbow, with tendon graft   | No                  |     |                   | MMP           |
| 24357  | TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS  | No                  |     |                   | MMP           |
| 24358  | TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN                                    | No                  |     |                   | MMP           |
| 24359  | TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT | No                  |     |                   | MMP           |
| 24360  | Arthroplasty, elbow; with membrane (eg, fascial)  | No                  |     |                   | MMP           |
| 24361  | Arthroplasty, elbow; with distal humeral prosthetic replacement   | No                  |     |                   | MMP           |
| 24362  | Arthroplasty, elbow; with implant and fascia lata ligament  | No                  |     |                   | MMP           |
| 24363  | Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic  | No                  |     |                   | MMP           |
| 24365  | Arthroplasty, radial head;  | No                  |     |                   | MMP           |
| 24366  | Arthroplasty, radial head; with implant   | No                  |     |                   | MMP           |
| 24370  | Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component  | No                  |     |                   | MMP           |
| 24371  | Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component   | No                  |     |                   | MMP           |
| 24400  | Osteotomy, humerus, with or without internal fixation   | No                  |     |                   | MMP           |
| 24410  | Multiple osteotomies with realignment on intramedullary rod,  | No                  |     |                   | MMP           |
| 24420  | Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)  | No                  |     |                   | MMP           |
| 24430  | Repair of nonunion or malunion, humerus; without graft (eg, compression)  | No                  |     |                   | MMP           |
| 24435  | Repair of nonunion or malunion, humerus; with iliac or other autograft  | No                  |     |                   | MMP           |
| 24470  | Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)   | No                  |     |                   | MMP           |
| 24495  | Decompression fasciotomy, forearm, with brachial artery exploration   | No                  |     |                   | MMP           |
| 24498  | Prophylactic treatment (nailing, pinning, plating or wiring), with or   | No                  |     |                   | MMP           |
| 24500  | Closed treatment of humeral shaft fracture; without manipulation  | No                  |     |                   | MMP           |
| 24505  | Closed treatment of humeral shaft fracture; with manipulation, with or  | No                  |     |                   | MMP           |
| 24515  | Open treatment of humeral shaft fracture with plate/screws, with or   | No                  |     |                   | MMP           |
| 24516  | Treatment of humeral shaft fracture, with insertion of intramedullary   | No                  |     |                   | MMP           |
| 24530  | Closed treatment of supracondylar or transcondylar humeral fracture,  | No                  |     |                   | MMP           |
| 24535  | Closed treatment of supracondylar or transcondylar humeral fracture,  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 24538  | Percutaneous skeletal fixation of supracondylar or transcondylar humeral | No                  |     |                   | MMP           |
| 24545  | Open treatment of humeral supracondylar or transcondylar fracture, with  | No                  |     |                   | MMP           |
| 24546  | Open treatment of humeral supracondylar or transcondylar fracture, with  | No                  |     |                   | MMP           |
| 24560  | Closed treatment of humeral epicondylar fracture, medial or lateral;     | No                  |     |                   | MMP           |
| 24565  | Closed treatment of humeral epicondylar fracture, medial or lateral;     | No                  |     |                   | MMP           |
| 24566  | Percutaneous skeletal fixation of humeral epicondylar fracture, medial   | No                  |     |                   | MMP           |
| 24575  | Open treatment of humeral epicondylar fracture, medial or lateral, with  | No                  |     |                   | MMP           |
| 24576  | Closed treatment of humeral condylar fracture, medial or lateral;        | No                  |     |                   | MMP           |
| 24577  | Closed treatment of humeral condylar fracture, medial or lateral; with   | No                  |     |                   | MMP           |
| 24579  | Open treatment of humeral condylar fracture, medial or lateral, with or  | No                  |     |                   | MMP           |
| 24582  | Percutaneous skeletal fixation of humeral condylar fracture, medial or   | No                  |     |                   | MMP           |
| 24586  | Open treatment of periarticular fracture and/or dislocation of the elbow | No                  |     |                   | MMP           |
| 24587  | Open treatment of periarticular fracture and/or dislocation of the elbow | No                  |     |                   | MMP           |
| 24600  | Treatment of closed elbow dislocation; without anesthesia                | No                  |     |                   | MMP           |
| 24605  | Treatment of closed elbow dislocation; requiring anesthesia              | No                  |     |                   | MMP           |
| 24615  | Open treatment of acute or chronic elbow dislocation                     | No                  |     |                   | MMP           |
| 24620  | Closed treatment of Monteggia type of fracture dislocation at elbow      | No                  |     |                   | MMP           |
| 24635  | Open treatment of Monteggia type of fracture dislocation at elbow        | No                  |     |                   | MMP           |
| 24640  | Closed treatment of radial head subluxation in child, nursemaid elbow,   | No                  |     |                   | MMP           |
| 24650  | Closed treatment of radial head or neck fracture; without manipulation   | No                  |     |                   | MMP           |
| 24655  | Closed treatment of radial head or neck fracture; with manipulation      | No                  |     |                   | MMP           |
| 24665  | Open treatment of radial head or neck fracture, with or without internal | No                  |     |                   | MMP           |
| 24666  | Open treatment of radial head or neck fracture, with or without internal | No                  |     |                   | MMP           |
| 24670  | Closed treatment of ulnar fracture, proximal end (olecranon process);    | No                  |     |                   | MMP           |
| 24675  | Closed treatment of ulnar fracture, proximal end (olecranon process);    | No                  |     |                   | MMP           |
| 24685  | Open treatment of ulnar fracture proximal end (olecranon process), with  | No                  |     |                   | MMP           |
| 24800  | Arthrodesis, elbow joint; local  | No                  |     |                   | MMP           |
| 24802  | Arthrodesis, elbow joint; with autogenous graft (includes obtaining      | No                  |     |                   | MMP           |
| 24900  | Amputation, arm through humerus; with primary closure                    | No                  |     |                   | MMP           |
| 24920  | Amputation, arm through humerus; open, circular (guillotine)             | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 24925  | Amputation, arm through humerus; secondary closure or scar  | No                  |     |                   | MMP           |
| 24930  | Amputation, arm through humerus; re-amputation  | No                  |     |                   | MMP           |
| 24931  | Amputation, arm through humerus; with implant   | No                  |     |                   | MMP           |
| 24935  | Stump elongation, upper extremity   | No                  |     |                   | MMP           |
| 24940  | Cineplasty, upper extremity, complete procedure   | No                  |     |                   | MMP           |
| 24999  | UNLISTED PROCEDURE, HUMERUS OR ELBOW  | Yes                 |     |                   | MMP           |
| 25000  | Incision, extensor tendon sheath, wrist (eg, deQuervains disease)   | No                  |     |                   | MMP           |
| 25001  | Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)   | No                  |     |                   | MMP           |
| 25020  | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor  | No                  |     |                   | MMP           |
| 25023  | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor  | No                  |     |                   | MMP           |
| 25024  | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor   | No                  |     |                   | MMP           |
| 25025  | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor   | No                  |     |                   | MMP           |
| 25028  | Incision and drainage, forearm and/or wrist; deep abscess or hematoma   | No                  |     |                   | MMP           |
| 25031  | Incision and drainage, forearm and/or wrist; bursa  | No                  |     |                   | MMP           |
| 25035  | Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or   | No                  |     |                   | MMP           |
| 25040  | Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage,   | No                  |     |                   | MMP           |
| 25065  | Biopsy, soft tissue of forearm and/or wrist; superficial  | Yes                 |     |                   | MMP           |
| 25066  | Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or  | No                  |     |                   | MMP           |
| 25071  | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; GREATER THAN 3 CM                                  | Yes                 |     |                   | MMP           |
| 25073  | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER (REVISED 010110) | No                  |     |                   | MMP           |
| 25075  | Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous   | Yes                 |     |                   | MMP           |
| 25076  | Excision, tumor, soft tissue of forearm and/or wrist area; deep   | No                  |     |                   | MMP           |
| 25077  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of   | No                  |     |                   | MMP           |
| 25078  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER              | No                  |     |                   | MMP           |
| 25085  | Capsulotomy, wrist (eg, contracture)  | No                  |     |                   | MMP           |
| 25100  | Arthrotomy, wrist joint; with biopsy  | No                  |     |                   | MMP           |
| 25101  | Arthrotomy, wrist joint; with joint exploration, with or without biopsy,  | No                  |     |                   | MMP           |
| 25105  | Arthrotomy, wrist joint; with synovectomy   | No                  |     |                   | MMP           |
| 25107  | Arthrotomy, distal radioulnar joint including repair of triangular  | No                  |     |                   | MMP           |
| 25109  | EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH  | No                  |     |                   | MMP           |
| 25110  | Excision, lesion of tendon sheath, forearm and/or wrist   | No                  |     |                   | MMP           |
| 25111  | Excision of ganglion, wrist (dorsal or volar); primary  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 25112  | Excision of ganglion, wrist (dorsal or volar); recurrent                 | No                  |     |                   | MMP           |
| 25115  | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths   | No                  |     |                   | MMP           |
| 25116  | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths   | No                  |     |                   | MMP           |
| 25118  | Synovectomy, extensor tendon sheath, wrist, single compartment;          | No                  |     |                   | MMP           |
| 25119  | Synovectomy, extensor tendon sheath, wrist, single compartment; with     | No                  |     |                   | MMP           |
| 25120  | Excision or curettage of bone cyst or benign tumor of radius or ulna     | No                  |     |                   | MMP           |
| 25125  | Excision or curettage of bone cyst or benign tumor of radius or ulna     | No                  |     |                   | MMP           |
| 25126  | Excision or curettage of bone cyst or benign tumor of radius or ulna     | No                  |     |                   | MMP           |
| 25130  | Excision or curettage of bone cyst or benign tumor of carpal bones;      | No                  |     |                   | MMP           |
| 25135  | Excision or curettage of bone cyst or benign tumor of carpal bones; with | No                  |     |                   | MMP           |
| 25136  | Excision or curettage of bone cyst or benign tumor of carpal bones; with | No                  |     |                   | MMP           |
| 25145  | Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or   | No                  |     |                   | MMP           |
| 25150  | Partial excision (craterization, saucerization, or diaphysectomy) of     | No                  |     |                   | MMP           |
| 25151  | Partial excision (craterization, saucerization, or diaphysectomy) of     | No                  |     |                   | MMP           |
| 25170  | Radical resection for tumor, radius or ulna                              | No                  |     |                   | MMP           |
| 25210  | Carpectomy; one bone   | No                  |     |                   | MMP           |
| 25215  | Carpectomy; all bones of proximal row                                    | No                  |     |                   | MMP           |
| 25230  | Radial styloidectomy (separate procedure)                                | No                  |     |                   | MMP           |
| 25240  | Excision distal ulna partial or complete (eg, Darrach type or matched    | No                  |     |                   | MMP           |
| 25246  | Injection procedure for wrist arthrography                               | No                  |     |                   | MMP           |
| 25248  | Exploration with removal of deep foreign body, forearm or wrist          | No                  |     |                   | MMP           |
| 25250  | Removal of wrist prosthesis; (separate procedure)                        | No                  |     |                   | MMP           |
| 25251  | Removal of wrist prosthesis; complicated, including total wrist          | No                  |     |                   | MMP           |
| 25259  | Manipulation, wrist, under anesthesia                                    | No                  |     |                   | MMP           |
| 25260  | Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, | No                  |     |                   | MMP           |
| 25263  | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary,       | No                  |     |                   | MMP           |
| 25265  | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with  | No                  |     |                   | MMP           |
| 25270  | Repair, tendon or muscle, extensor, forearm and/or wrist; primary,       | No                  |     |                   | MMP           |
| 25272  | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary,     | No                  |     |                   | MMP           |
| 25274  | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary,     | No                  |     |                   | MMP           |
| 25275  | Repair, tendon sheath, extensor, forearm and/or wrist, with free graft   | No                  |     |                   | MMP           |
| 25280  | Lengthening or shortening of flexor or extensor tendon, forearm and/or   | No                  |     |                   | MMP           |
| 25290  | Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, | No                  |     |                   | MMP           |
| 25295  | Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each | No                  |     |                   | MMP           |
| 25300  | Tenodesis at wrist; flexors of fingers                                   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 25301  | Tenodesis at wrist; extensors of fingers                                 | No                  |     |                   | MMP           |
| 25310  | Tendon transplantation or transfer, flexor or extensor, forearm and/or   | No                  |     |                   | MMP           |
| 25312  | Tendon transplantation or transfer, flexor or extensor, forearm and/or   | No                  |     |                   | MMP           |
| 25315  | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture),      | No                  |     |                   | MMP           |
| 25316  | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture),      | No                  |     |                   | MMP           |
| 25320  | Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis,         | No                  |     |                   | MMP           |
| 25332  | Arthroplasty, wrist, with or without interposition, with or without      | No                  |     |                   | MMP           |
| 25335  | Centralization of wrist on ulna (eg, radial club hand)                   | No                  |     |                   | MMP           |
| 25337  | Reconstruction for stabilization of unstable distal ulna or distal       | No                  |     |                   | MMP           |
| 25350  | Osteotomy, radius; distal third  | No                  |     |                   | MMP           |
| 25355  | Osteotomy, radius; middle or proximal third                              | No                  |     |                   | MMP           |
| 25360  | Osteotomy; ulna  | No                  |     |                   | MMP           |
| 25365  | Osteotomy; radius AND ulna   | No                  |     |                   | MMP           |
| 25370  | Multiple osteotomies, with realignment on intramedullary rod (Sofield    | No                  |     |                   | MMP           |
| 25375  | Multiple osteotomies, with realignment on intramedullary rod (Sofield    | No                  |     |                   | MMP           |
| 25390  | Osteoplasty, radius OR ulna; shortening                                  | No                  |     |                   | MMP           |
| 25391  | Osteoplasty, radius OR ulna; lengthening with autograft                  | No                  |     |                   | MMP           |
| 25392  | Osteoplasty, radius AND ulna; shortening (excluding 64876)               | No                  |     |                   | MMP           |
| 25393  | Osteoplasty, radius AND ulna; lengthening with autograft                 | No                  |     |                   | MMP           |
| 25394  | Osteoplasty, carpal bone, shortening                                     | No                  |     |                   | MMP           |
| 25400  | Repair of nonunion or malunion, radius OR ulna; without graft (eg,       | No                  |     |                   | MMP           |
| 25405  | Repair of nonunion or malunion, radius OR ulna; with autograft (includes | No                  |     |                   | MMP           |
| 25415  | Repair of nonunion or malunion, radius AND ulna; without graft (eg,      | No                  |     |                   | MMP           |
| 25420  | Repair of nonunion or malunion, radius AND ulna; with autograft          | No                  |     |                   | MMP           |
| 25425  | Repair of defect with autograft; radius OR ulna                          | No                  |     |                   | MMP           |
| 25426  | Repair of defect with autograft; radius AND ulna                         | No                  |     |                   | MMP           |
| 25430  | Insertion of vascular pedicle into carpal bone (eg, Hori procedure)      | No                  |     |                   | MMP           |
| 25431  | Repair of nonunion of carpal bone (excluding carpal scaphoid             | No                  |     |                   | MMP           |
| 25440  | Repair of nonunion, scaphoid carpal (navicular) bone, with or without    | No                  |     |                   | MMP           |
| 25441  | Arthroplasty with prosthetic replacement; distal radius                  | No                  |     |                   | MMP           |
| 25442  | Arthroplasty with prosthetic replacement; distal ulna                    | No                  |     |                   | MMP           |
| 25443  | Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)    | No                  |     |                   | MMP           |
| 25444  | Arthroplasty with prosthetic replacement; lunate                         | No                  |     |                   | MMP           |
| 25445  | Arthroplasty with prosthetic replacement; trapezium                      | No                  |     |                   | MMP           |
| 25446  | Arthroplasty with prosthetic replacement; distal radius and partial or   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 25447  | Arthroplasty, interposition, intercarpal or carpometacarpal joints             | No                  |     |                   | MMP           |
| 25449  | Revision of arthroplasty, including removal of implant, wrist joint            | No                  |     |                   | MMP           |
| 25450  | Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna         | No                  |     |                   | MMP           |
| 25455  | Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna        | No                  |     |                   | MMP           |
| 25490  | Prophylactic treatment (nailing, pinning, plating or wiring) with or           | No                  |     |                   | MMP           |
| 25491  | Prophylactic treatment (nailing, pinning, plating or wiring) with or           | No                  |     |                   | MMP           |
| 25492  | Prophylactic treatment (nailing, pinning, plating or wiring) with or           | No                  |     |                   | MMP           |
| 25500  | Closed treatment of radial shaft fracture; without manipulation                | No                  |     |                   | MMP           |
| 25505  | Closed treatment of radial shaft fracture; with manipulation                   | No                  |     |                   | MMP           |
| 25515  | Open treatment of radial shaft fracture, with or without internal or           | No                  |     |                   | MMP           |
| 25520  | Closed treatment of radial shaft fracture and closed treatment of              | No                  |     |                   | MMP           |
| 25525  | Open treatment of radial shaft fracture, with internal and/ or external        | No                  |     |                   | MMP           |
| 25526  | Open treatment of radial shaft fracture, with internal and/or external         | No                  |     |                   | MMP           |
| 25530  | Closed treatment of ulnar shaft fracture; without manipulation                 | No                  |     |                   | MMP           |
| 25535  | Closed treatment of ulnar shaft fracture; with manipulation                    | No                  |     |                   | MMP           |
| 25545  | Open treatment of ulnar shaft fracture, with or without internal or            | No                  |     |                   | MMP           |
| 25560  | Closed treatment of radial and ulnar shaft fractures; without                  | No                  |     |                   | MMP           |
| 25565  | Closed treatment of radial and ulnar shaft fractures; with manipulation        | No                  |     |                   | MMP           |
| 25574  | Open treatment of radial AND ulnar shaft fractures, with internal or           | No                  |     |                   | MMP           |
| 25575  | Open treatment of radial AND ulnar shaft fractures, with internal or           | No                  |     |                   | MMP           |
| 25600  | Closed treatment of distal radial fracture (eg, Colles or Smith type) or       | No                  |     |                   | MMP           |
| 25605  | Closed treatment of distal radial fracture (eg, Colles or Smith type) or       | No                  |     |                   | MMP           |
| 25606  | TREAT DISTAL RADIAL FRACTURE   | No                  |     |                   | MMP           |
| 25607  | EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION                                  | No                  |     |                   | MMP           |
| 25608  | OPEN TREATMENT DISTAL RADIAL FRACTURE  | No                  |     |                   | MMP           |
| 25609  | OPEN TREATMENT DISTAL FRACTURE 3 OR > FRAGMENTS                                | No                  |     |                   | MMP           |
| 25622  | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION | No                  |     |                   | MMP           |
| 25624  | Closed treatment of carpal scaphoid (navicular) fracture; with                 | No                  |     |                   | MMP           |
| 25628  | Open treatment of carpal scaphoid (navicular) fracture, with or without        | No                  |     |                   | MMP           |
| 25630  | Closed treatment of carpal bone fracture (excluding carpal scaphoid)           | No                  |     |                   | MMP           |
| 25635  | Closed treatment of carpal bone fracture (excluding carpal scaphoid)           | No                  |     |                   | MMP           |
| 25645  | Open treatment of carpal bone fracture (other than carpal scaphoid)            | No                  |     |                   | MMP           |
| 25650  | Closed treatment of ulnar styloid fracture                                     | No                  |     |                   | MMP           |
| 25651  | Percutaneous skeletal fixation of ulnar styloid fracture                       | No                  |     |                   | MMP           |
| 25652  | Open treatment of ulnar styloid fracture                                       | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 25660  | Closed treatment of radiocarpal or intercarpal dislocation, one or more | No                  |     |                   | MMP           |
| 25670  | Open treatment of radiocarpal or intercarpal dislocation, one or more   | No                  |     |                   | MMP           |
| 25671  | Percutaneous skeletal fixation of distal radioulnar dislocation         | No                  |     |                   | MMP           |
| 25675  | Closed treatment of distal radioulnar dislocation with manipulation     | No                  |     |                   | MMP           |
| 25676  | Open treatment of distal radioulnar dislocation, acute or chronic       | No                  |     |                   | MMP           |
| 25680  | Closed treatment of trans-scaphoperilunar type of fracture dislocation, | No                  |     |                   | MMP           |
| 25685  | Open treatment of trans-scaphoperilunar type of fracture dislocation    | No                  |     |                   | MMP           |
| 25690  | Closed treatment of lunate dislocation, with manipulation               | No                  |     |                   | MMP           |
| 25695  | Open treatment of lunate dislocation                                    | No                  |     |                   | MMP           |
| 25800  | Arthrodesis, wrist; complete, without bone graft (includes radiocarpal) | No                  |     |                   | MMP           |
| 25805  | Arthrodesis, wrist; with sliding graft                                  | No                  |     |                   | MMP           |
| 25810  | Arthrodesis, wrist; with iliac or other autograft (includes obtaining   | No                  |     |                   | MMP           |
| 25820  | Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or     | No                  |     |                   | MMP           |
| 25825  | Arthrodesis, wrist; with autograft (includes obtaining graft)           | No                  |     |                   | MMP           |
| 25830  | Arthrodesis, distal radioulnar joint with segmental resection of ulna,  | No                  |     |                   | MMP           |
| 25900  | Amputation, forearm, through radius and ulna;                           | No                  |     |                   | MMP           |
| 25905  | Amputation, forearm, through radius and ulna; open, circular            | No                  |     |                   | MMP           |
| 25907  | Amputation, forearm, through radius and ulna; secondary closure         | No                  |     |                   | MMP           |
| 25909  | Amputation, forearm, through radius and ulna; re-amputation             | No                  |     |                   | MMP           |
| 25915  | Krukenberg procedure  | No                  |     |                   | MMP           |
| 25920  | Disarticulation through wrist;  | No                  |     |                   | MMP           |
| 25922  | Disarticulation through wrist; secondary closure or scar revision       | No                  |     |                   | MMP           |
| 25924  | Disarticulation through wrist; re-amputation                            | No                  |     |                   | MMP           |
| 25927  | Transmetacarpal amputation;   | No                  |     |                   | MMP           |
| 25929  | Transmetacarpal amputation; secondary closure or scar revision          | No                  |     |                   | MMP           |
| 25931  | Transmetacarpal amputation; re-amputation                               | No                  |     |                   | MMP           |
| 25999  | UNLISTED PROCEDURE, FOREARM OR WRIST                                    | Yes                 |     |                   | MMP           |
| 26010  | Drainage of finger abscess; simple                                      | No                  |     |                   | MMP           |
| 26011  | Drainage of finger abscess; complicated (eg, felon)                     | No                  |     |                   | MMP           |
| 26020  | Drainage of tendon sheath, digit and/or palm, each                      | No                  |     |                   | MMP           |
| 26025  | Drainage of palmar bursa; single, bursa                                 | No                  |     |                   | MMP           |
| 26030  | Drainage of palmar bursa; multiple bursa                                | No                  |     |                   | MMP           |
| 26034  | Incision, bone cortex, hand or finger (eg, osteomyelitis or bone        | No                  |     |                   | MMP           |
| 26035  | Decompression fingers and/or hand, injection injury (eg, grease gun)    | No                  |     |                   | MMP           |
| 26037  | Decompressive fasciotomy, hand (excludes 26035)                         | No                  |     |                   | MMP           |
| 26040  | Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous          | No                  |     |                   | MMP           |
| 26045  | Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial         | No                  |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 26055  | Tendon sheath incision (eg, for trigger finger)   | No                  |     |                   | MMP           |
| 26060  | Tenotomy, percutaneous, single, each digit  | No                  |     |                   | MMP           |
| 26070  | Arthrotomy, with exploration, drainage, or removal of loose or foreign  | No                  |     |                   | MMP           |
| 26075  | Arthrotomy, with exploration, drainage, or removal of loose or foreign  | No                  |     |                   | MMP           |
| 26080  | Arthrotomy, with exploration, drainage, or removal of loose or foreign  | No                  |     |                   | MMP           |
| 26100  | Arthrotomy with biopsy; carpometacarpal joint, each   | No                  |     |                   | MMP           |
| 26105  | Arthrotomy with biopsy; metacarpophalangeal joint, each   | No                  |     |                   | MMP           |
| 26110  | Arthrotomy with biopsy; interphalangeal joint, each   | No                  |     |                   | MMP           |
| 26111  | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; 1.5 CM OR GREATER                  | Yes                 |     |                   | MMP           |
| 26113  | EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, HAND OR FINGER, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER | No                  |     |                   | MMP           |
| 26115  | Excision, tumor or vascular malformation, soft tissue of hand or finger;  | Yes                 |     |                   | MMP           |
| 26116  | Excision, tumor or vascular malformation, soft tissue of hand or finger;  | No                  |     |                   | MMP           |
| 26117  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand  | No                  |     |                   | MMP           |
| 26118  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER                       | No                  |     |                   | MMP           |
| 26121  | Fasciectomy, palm only, with or without Z-plasty, other local tissue  | No                  |     |                   | MMP           |
| 26123  | Fasciectomy, partial palmar with release of single digit including  | No                  |     |                   | MMP           |
| 26125  | Fasciectomy, partial palmar with release of single digit including  | No                  |     |                   | MMP           |
| 26130  | Synovectomy, carpometacarpal joint  | No                  |     |                   | MMP           |
| 26135  | Synovectomy, metacarpophalangeal joint including intrinsic release and  | No                  |     |                   | MMP           |
| 26140  | Synovectomy, proximal interphalangeal joint, including extensor   | No                  |     |                   | MMP           |
| 26145  | Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon,   | No                  |     |                   | MMP           |
| 26160  | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous  | No                  |     |                   | MMP           |
| 26170  | Excision of tendon, palm, flexor, single (separate procedure), each   | No                  |     |                   | MMP           |
| 26180  | Excision of tendon, finger, flexor (separate procedure), each tendon  | No                  |     |                   | MMP           |
| 26185  | Sesamoidectomy, thumb or finger (separate procedure)  | No                  |     |                   | MMP           |
| 26200  | Excision or curettage of bone cyst or benign tumor of metacarpal;   | No                  |     |                   | MMP           |
| 26205  | Excision or curettage of bone cyst or benign tumor of metacarpal; with  | No                  |     |                   | MMP           |
| 26210  | Excision or curettage of bone cyst or benign tumor of proximal, middle,   | No                  |     |                   | MMP           |

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| 26215  | Excision or curettage of bone cyst or benign tumor of proximal, middle,  | No                  |     |                   | MMP           |
| 26230  | Partial excision (craterization, saucerization, or diaphysectomy) bone   | No                  |     |                   | MMP           |
| 26235  | Partial excision (craterization, saucerization, or diaphysectomy) bone   | No                  |     |                   | MMP           |
| 26236  | Partial excision (craterization, saucerization, or diaphysectomy) bone   | No                  |     |                   | MMP           |
| 26250  | Radical resection, metacarpal (eg, tumor);   | No                  |     |                   | MMP           |
| 26260  | Radical resection, proximal or middle phalanx of finger (eg, tumor);   | No                  |     |                   | MMP           |
| 26262  | Radical resection, distal phalanx of finger (eg, tumor)  | No                  |     |                   | MMP           |
| 26320  | Removal of implant from finger or hand   | No                  |     |                   | MMP           |
| 26340  | Manipulation, finger joint, under anesthesia, each joint   | No                  |     |                   | MMP           |
| 26341  | Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord | No                  |     |                   | MMP           |
| 26350  | Repair or advancement, flexor tendon, not in zone 2 digital flexor   | No                  |     |                   | MMP           |
| 26352  | Repair or advancement, flexor tendon, not in zone 2 digital flexor   | No                  |     |                   | MMP           |
| 26356  | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon  | No                  |     |                   | MMP           |
| 26357  | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon  | No                  |     |                   | MMP           |
| 26358  | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon  | No                  |     |                   | MMP           |
| 26370  | Repair or advancement of profundus tendon, with intact superficialis   | No                  |     |                   | MMP           |
| 26372  | Repair or advancement of profundus tendon, with intact superficialis   | No                  |     |                   | MMP           |
| 26373  | Repair or advancement of profundus tendon, with intact superficialis   | No                  |     |                   | MMP           |
| 26390  | Excision flexor tendon, with implantation of synthetic rod for delayed   | No                  |     |                   | MMP           |
| 26392  | Removal of synthetic rod and insertion of flexor tendon graft, hand or   | No                  |     |                   | MMP           |
| 26410  | Repair, extensor tendon, hand, primary or secondary; without free graft,                                       | No                  |     |                   | MMP           |
| 26412  | Repair, extensor tendon, hand, primary or secondary; with free graft   | No                  |     |                   | MMP           |
| 26415  | Excision of extensor tendon, with implantation of synthetic rod for  | No                  |     |                   | MMP           |
| 26416  | Removal of synthetic rod and insertion of extensor tendon graft  | No                  |     |                   | MMP           |
| 26418  | Repair, extensor tendon, finger, primary or secondary; without free  | No                  |     |                   | MMP           |
| 26420  | Repair, extensor tendon, finger, primary or secondary; with free graft   | No                  |     |                   | MMP           |
| 26426  | Repair of extensor tendon, central slip, secondary (eg, boutonniere  | No                  |     |                   | MMP           |
| 26428  | Repair of extensor tendon, central slip, secondary (eg, boutonniere  | No                  |     |                   | MMP           |
| 26432  | Closed treatment of distal extensor tendon insertion, with or without  | No                  |     |                   | MMP           |
| 26433  | Repair of extensor tendon, distal insertion, primary or secondary;   | No                  |     |                   | MMP           |
| 26434  | Repair of extensor tendon, distal insertion, primary or secondary; with  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 26437  | Realignment of extensor tendon, hand, each tendon                       | No                  |     |                   | MMP           |
| 26440  | Tenolysis, flexor tendon; palm OR finger, each tendon                   | No                  |     |                   | MMP           |
| 26442  | Tenolysis, flexor tendon; palm AND finger, each tendon                  | No                  |     |                   | MMP           |
| 26445  | Tenolysis, extensor tendon, hand OR finger, each tendon                 | No                  |     |                   | MMP           |
| 26449  | Tenolysis, complex, extensor tendon, finger, including forearm, each    | No                  |     |                   | MMP           |
| 26450  | Tenotomy, flexor, palm, open, each tendon                               | No                  |     |                   | MMP           |
| 26455  | Tenotomy, flexor, finger, open, each tendon                             | No                  |     |                   | MMP           |
| 26460  | Tenotomy, extensor, hand or finger, open, each tendon                   | No                  |     |                   | MMP           |
| 26471  | Tenodesis; of proximal interphalangeal joint, each joint                | No                  |     |                   | MMP           |
| 26474  | Tenodesis; of distal joint, each joint                                  | No                  |     |                   | MMP           |
| 26476  | Lengthening of tendon, extensor, hand or finger, each tendon            | No                  |     |                   | MMP           |
| 26477  | Shortening of tendon, extensor, hand or finger, each tendon             | No                  |     |                   | MMP           |
| 26478  | Lengthening of tendon, flexor, hand or finger, each tendon              | No                  |     |                   | MMP           |
| 26479  | Shortening of tendon, flexor, hand or finger, each tendon               | No                  |     |                   | MMP           |
| 26480  | Transfer or transplant of tendon, carpometacarpal area or dorsum of     | No                  |     |                   | MMP           |
| 26483  | Transfer or transplant of tendon, carpometacarpal area or dorsum of     | No                  |     |                   | MMP           |
| 26485  | Transfer or transplant of tendon, palmar; without free tendon graft,    | No                  |     |                   | MMP           |
| 26489  | Transfer or transplant of tendon, palmar; with free tendon graft        | No                  |     |                   | MMP           |
| 26490  | Opponensplasty; superficialis tendon transfer type, each tendon         | No                  |     |                   | MMP           |
| 26492  | Opponensplasty; tendon transfer with graft (includes obtaining graft),  | No                  |     |                   | MMP           |
| 26494  | Opponensplasty; hypothenar muscle transfer                              | No                  |     |                   | MMP           |
| 26496  | Opponensplasty; other methods   | No                  |     |                   | MMP           |
| 26497  | Transfer of tendon to restore intrinsic function; ring and small finger | No                  |     |                   | MMP           |
| 26498  | Transfer of tendon to restore intrinsic function; all four fingers      | No                  |     |                   | MMP           |
| 26499  | Correction claw finger, other methods                                   | No                  |     |                   | MMP           |
| 26500  | Reconstruction of tendon pulley, each tendon; with local tissues        | No                  |     |                   | MMP           |
| 26502  | Reconstruction of tendon pulley, each tendon; with tendon or fascial    | No                  |     |                   | MMP           |
| 26508  | Release of thenar muscle(s) (eg, thumb contracture)                     | No                  |     |                   | MMP           |
| 26510  | Cross intrinsic transfer, each tendon                                   | No                  |     |                   | MMP           |
| 26516  | Capsulodesis, metacarpophalangeal joint; single digit                   | No                  |     |                   | MMP           |
| 26517  | Capsulodesis, metacarpophalangeal joint; two digits                     | No                  |     |                   | MMP           |
| 26518  | Capsulodesis, metacarpophalangeal joint; three or four digits           | No                  |     |                   | MMP           |
| 26520  | Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint      | No                  |     |                   | MMP           |
| 26525  | Capsulectomy or capsulotomy; interphalangeal joint, each joint          | No                  |     |                   | MMP           |
| 26530  | Arthroplasty, metacarpophalangeal joint; each joint                     | No                  |     |                   | MMP           |

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| 26531  | Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each   | No                  |     |                   | MMP           |
| 26535  | Arthroplasty, interphalangeal joint; each joint                          | No                  |     |                   | MMP           |
| 26536  | Arthroplasty, interphalangeal joint; with prosthetic implant, each joint | No                  |     |                   | MMP           |
| 26540  | Repair of collateral ligament, metacarpophalangeal or interphalangeal    | No                  |     |                   | MMP           |
| 26541  | Reconstruction, collateral ligament, metacarpophalangeal joint, single;  | No                  |     |                   | MMP           |
| 26542  | Reconstruction, collateral ligament, metacarpophalangeal joint, single;  | No                  |     |                   | MMP           |
| 26545  | Reconstruction, collateral ligament, interphalangeal joint, single,      | No                  |     |                   | MMP           |
| 26546  | Repair non-union, metacarpal or phalanx, (includes obtaining bone graft  | No                  |     |                   | MMP           |
| 26548  | Repair and reconstruction, finger, volar plate, interphalangeal joint    | No                  |     |                   | MMP           |
| 26550  | Pollicization of a digit   | No                  |     |                   | MMP           |
| 26551  | Transfer, toe-to-hand with microvascular anastomosis; great toe          | No                  |     |                   | MMP           |
| 26553  | Transfer, toe-to-hand with microvascular anastomosis; other than         | No                  |     |                   | MMP           |
| 26554  | Transfer, toe-to-hand with microvascular anastomosis; other than         | No                  |     |                   | MMP           |
| 26555  | Transfer, finger to another position without microvascular anastomosis   | No                  |     |                   | MMP           |
| 26556  | Transfer, free toe joint, with microvascular anastomosis                 | No                  |     |                   | MMP           |
| 26560  | Repair of syndactyly (web finger) each web space; with skin flaps        | No                  |     |                   | MMP           |
| 26561  | Repair of syndactyly (web finger) each web space; with skin flaps and    | No                  |     |                   | MMP           |
| 26562  | Repair of syndactyly (web finger) each web space; complex (eg, involving | No                  |     |                   | MMP           |
| 26565  | Osteotomy; metacarpal, each  | No                  |     |                   | MMP           |
| 26567  | Osteotomy; phalanx of finger, each                                       | No                  |     |                   | MMP           |
| 26568  | Osteoplasty, lengthening, metacarpal or phalanx                          | No                  |     |                   | MMP           |
| 26580  | Repair cleft hand  | No                  |     |                   | MMP           |
| 26587  | Reconstruction of polydactylous digit, soft tissue and bone              | No                  |     |                   | MMP           |
| 26590  | Repair macrodactylia, each digit   | No                  |     |                   | MMP           |
| 26591  | Repair, intrinsic muscles of hand, each muscle                           | No                  |     |                   | MMP           |
| 26593  | Release, intrinsic muscles of hand, each muscle                          | No                  |     |                   | MMP           |
| 26596  | Excision of constricting ring of finger, with multiple Z-plasties        | No                  |     |                   | MMP           |
| 26600  | Closed treatment of metacarpal fracture, single; without manipulation,   | No                  |     |                   | MMP           |
| 26605  | Closed treatment of metacarpal fracture, single; with manipulation, each | No                  |     |                   | MMP           |
| 26607  | Closed treatment of metacarpal fracture, with manipulation, with         | No                  |     |                   | MMP           |
| 26608  | Percutaneous skeletal fixation of metacarpal fracture, each bone         | No                  |     |                   | MMP           |
| 26615  | Open treatment of metacarpal fracture, single, with or without internal  | No                  |     |                   | MMP           |
| 26641  | Closed treatment of carpometacarpal dislocation, thumb, with             | No                  |     |                   | MMP           |
| 26645  | Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 26650  | Percutaneous skeletal fixation of carpometacarpal fracture dislocation,  | No                  |     |                   | MMP           |
| 26665  | Open treatment of carpometacarpal fracture dislocation, thumb (Bennett   | No                  |     |                   | MMP           |
| 26670  | Closed treatment of carpometacarpal dislocation, other than thumb, with  | No                  |     |                   | MMP           |
| 26675  | Closed treatment of carpometacarpal dislocation, other than thumb, with  | No                  |     |                   | MMP           |
| 26676  | Percutaneous skeletal fixation of carpometacarpal dislocation, other     | No                  |     |                   | MMP           |
| 26685  | Open treatment of carpometacarpal dislocation, other than thumb; with or | No                  |     |                   | MMP           |
| 26686  | Open treatment of carpometacarpal dislocation, other than thumb;         | No                  |     |                   | MMP           |
| 26700  | Closed treatment of metacarpophalangeal dislocation, single, with        | No                  |     |                   | MMP           |
| 26705  | Closed treatment of metacarpophalangeal dislocation, single, with        | No                  |     |                   | MMP           |
| 26706  | Percutaneous skeletal fixation of metacarpophalangeal dislocation,       | No                  |     |                   | MMP           |
| 26715  | Open treatment of metacarpophalangeal dislocation, single, with or       | No                  |     |                   | MMP           |
| 26720  | Closed treatment of phalangeal shaft fracture, proximal or middle        | No                  |     |                   | MMP           |
| 26725  | Closed treatment of phalangeal shaft fracture, proximal or middle        | No                  |     |                   | MMP           |
| 26727  | Percutaneous skeletal fixation of unstable phalangeal shaft fracture,    | No                  |     |                   | MMP           |
| 26735  | Open treatment of phalangeal shaft fracture, proximal or middle phalanx, | No                  |     |                   | MMP           |
| 26740  | Closed treatment of articular fracture, involving metacarpophalangeal or | No                  |     |                   | MMP           |
| 26742  | Closed treatment of articular fracture, involving metacarpophalangeal or | No                  |     |                   | MMP           |
| 26746  | Open treatment of articular fracture, involving metacarpophalangeal or   | No                  |     |                   | MMP           |
| 26750  | Closed treatment of distal phalangeal fracture, finger or thumb; without | No                  |     |                   | MMP           |
| 26755  | Closed treatment of distal phalangeal fracture, finger or thumb; with    | No                  |     |                   | MMP           |
| 26756  | Percutaneous skeletal fixation of distal phalangeal fracture, finger or  | No                  |     |                   | MMP           |
| 26765  | Open treatment of distal phalangeal fracture, finger or thumb, with or   | No                  |     |                   | MMP           |
| 26770  | Closed treatment of interphalangeal joint dislocation, single, with      | No                  |     |                   | MMP           |
| 26775  | Closed treatment of interphalangeal joint dislocation, single, with      | No                  |     |                   | MMP           |
| 26776  | Percutaneous skeletal fixation of interphalangeal joint dislocation,     | No                  |     |                   | MMP           |
| 26785  | Open treatment of interphalangeal joint dislocation, with or without     | No                  |     |                   | MMP           |
| 26820  | Fusion in opposition, thumb, with autogenous graft (includes obtaining   | No                  |     |                   | MMP           |
| 26841  | Arthrodesis, carpometacarpal joint, thumb, with or without internal      | No                  |     |                   | MMP           |
| 26842  | Arthrodesis, carpometacarpal joint, thumb, with or without internal      | No                  |     |                   | MMP           |
| 26843  | Arthrodesis, carpometacarpal joint, digit, other than thumb, each;       | No                  |     |                   | MMP           |
| 26844  | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with  | No                  |     |                   | MMP           |
| 26850  | Arthrodesis, metacarpophalangeal joint, with or without internal         | No                  |     |                   | MMP           |
| 26852  | Arthrodesis, metacarpophalangeal joint, with or without internal         | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 26860  | Arthrodesis, interphalangeal joint, with or without internal fixation;  | No                  |     |                   | MMP           |
| 26861  | Arthrodesis, interphalangeal joint, with or without internal fixation;  | No                  |     |                   | MMP           |
| 26862  | Arthrodesis, interphalangeal joint, with or without internal fixation;  | No                  |     |                   | MMP           |
| 26863  | Arthrodesis, interphalangeal joint, with or without internal fixation;  | No                  |     |                   | MMP           |
| 26910  | Amputation, metacarpal, with finger or thumb (ray amputation), single,  | No                  |     |                   | MMP           |
| 26951  | Amputation, finger or thumb, primary or secondary, any joint or phalanx,  | No                  |     |                   | MMP           |
| 26952  | Amputation, finger or thumb, primary or secondary, any joint or phalanx,  | No                  |     |                   | MMP           |
| 26989  | UNLISTED PROCEDURE, HANDS OR FINGERS  | Yes                 |     |                   | MMP           |
| 26990  | Incision and drainage, pelvis or hip joint area; deep abscess or  | No                  |     |                   | MMP           |
| 26991  | Incision and drainage, pelvis or hip joint area; infected bursa   | No                  |     |                   | MMP           |
| 26992  | Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or  | No                  |     |                   | MMP           |
| 27000  | Tenotomy, adductor of hip, percutaneous (separate procedure)  | No                  |     |                   | MMP           |
| 27001  | Tenotomy, adductor of hip, open   | No                  |     |                   | MMP           |
| 27003  | Tenotomy, adductor, subcutaneous, open, with obturator neurectomy   | No                  |     |                   | MMP           |
| 27005  | Tenotomy, hip flexor(s), open (separate procedure)  | No                  |     |                   | MMP           |
| 27006  | Tenotomy, abductors and/or extensor(s) of hip, open (separate   | No                  |     |                   | MMP           |
| 27025  | Fasciotomy, hip or thigh, any type  | No                  |     |                   | MMP           |
| 27027  | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral | No                  |     |                   | MMP           |
| 27030  | Arthrotomy, hip, with drainage (eg, infection)  | No                  |     |                   | MMP           |
| 27033  | Arthrotomy, hip, including exploration or removal of loose or foreign   | No                  |     |                   | MMP           |
| 27035  | Denervation, hip joint, intrapelvic or extrapelvic intra-articular  | No                  |     |                   | MMP           |
| 27036  | Capsulectomy or capsulotomy, hip, with or without excision of   | No                  |     |                   | MMP           |
| 27040  | Biopsy, soft tissue of pelvis and hip area; superficial   | Yes                 |     |                   | MMP           |
| 27041  | Biopsy, soft tissue of pelvis and hip area; deep, subfascial or   | No                  |     |                   | MMP           |
| 27043  | EXCISION, TUMOR, SOF T TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; 3 CM OR GREATER   | Yes                 |     |                   | MMP           |
| 27045  | EXCISION, TUMOR, SOF T TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER   | No                  |     |                   | MMP           |
| 27047  | Excision, tumor, pelvis and hip area; subcutaneous tissue   | Yes                 |     |                   | MMP           |
| 27048  | Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular   | No                  |     |                   | MMP           |
| 27049  | Radical resection of tumor, soft tissue of pelvis and hip area (eg,   | No                  |     |                   | MMP           |
| 27050  | Arthrotomy, with biopsy; sacroiliac joint   | No                  |     |                   | MMP           |
| 27052  | Arthrotomy, with biopsy; hip joint  | No                  |     |                   | MMP           |
| 27054  | Arthrotomy with synovectomy, hip joint  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27057  | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral | No                  |     |                   | MMP           |
| 27059  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER   | No                  |     |                   | MMP           |
| 27060  | Excision; ischial bursa  | No                  |     |                   | MMP           |
| 27062  | Excision; trochanteric bursa or calcification  | No                  |     |                   | MMP           |
| 27065  | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed   | No                  |     |                   | MMP           |
| 27066  | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed   | No                  |     |                   | MMP           |
| 27067  | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision  | No                  |     |                   | MMP           |
| 27070  | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial   | No                  |     |                   | MMP           |
| 27071  | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)                    | No                  |     |                   | MMP           |
| 27075  | Radical resection of tumor or infection; wing of ilium, one pubic or   | No                  |     |                   | MMP           |
| 27076  | Radical resection of tumor or infection; ilium, including  | No                  |     |                   | MMP           |
| 27077  | Radical resection of tumor or infection; innominate bone, total  | No                  |     |                   | MMP           |
| 27078  | Radical resection of tumor or infection; ischial tuberosity and  | No                  |     |                   | MMP           |
| 27080  | Coccygectomy, primary  | No                  |     |                   | MMP           |
| 27086  | Removal of foreign body, pelvis or hip; subcutaneous tissue  | No                  |     |                   | MMP           |
| 27087  | Removal of foreign body, pelvis or hip; deep (subfascial or  | No                  |     |                   | MMP           |
| 27090  | Removal of hip prosthesis; (separate procedure)  | No                  |     |                   | MMP           |
| 27091  | Removal of hip prosthesis; complicated, including total hip  | No                  |     |                   | MMP           |
| 27093  | Injection procedure for hip arthrography; without anesthesia   | No                  |     |                   | MMP           |
| 27095  | Injection procedure for hip arthrography; with anesthesia  | No                  |     |                   | MMP           |
| 27096  | Injection procedure for sacroiliac joint, arthrography and/or  | No                  |     |                   | MMP           |
| 27097  | Release or recession, hamstring, proximal  | No                  |     |                   | MMP           |
| 27098  | Transfer, adductor to ischium  | No                  |     |                   | MMP           |
| 27100  | Transfer external oblique muscle to greater trochanter including fascial   | No                  |     |                   | MMP           |
| 27105  | Transfer paraspinal muscle to hip (includes fascial or tendon extension  | No                  |     |                   | MMP           |
| 27110  | Transfer iliopsoas; to greater trochanter of femur   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27111  | Transfer iliopectoral; to femoral neck  | No                  |     |                   | MMP           |
| 27120  | Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)   | No                  |     |                   | MMP           |
| 27122  | Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)  | No                  |     |                   | MMP           |
| 27125  | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)  | No                  |     |                   | MMP           |
| 27130  | Total hip arthroplasty  | No                  |     |                   | MMP           |
| 27132  | (total hip arthroplasty), with or without autograft or allograft  | No                  |     |                   | MMP           |
| 27134  | Revision of total hip arthroplasty; both components, with or  | No                  |     |                   | MMP           |
| 27137  | Revision of total hip arthroplasty; acetabular component only, with   | No                  |     |                   | MMP           |
| 27138  | Revision of total hip arthroplasty; femoral component only, with or   | No                  |     |                   | MMP           |
| 27140  | Osteotomy and transfer of greater trochanter of femur (separate   | No                  |     |                   | MMP           |
| 27146  | Osteotomy, iliac, acetabular or innominate bone;  | No                  |     |                   | MMP           |
| 27147  | Osteotomy, iliac, acetabular or innominate bone; with open  | No                  |     |                   | MMP           |
| 27151  | Osteotomy, iliac, acetabular or innominate bone; with femoral   | No                  |     |                   | MMP           |
| 27156  | Osteotomy, iliac, acetabular or innominate bone; with femoral   | No                  |     |                   | MMP           |
| 27158  | Osteotomy, pelvis, bilateral (eg, congenital malformation)  | No                  |     |                   | MMP           |
| 27161  | Osteotomy, femoral neck (separate procedure)  | No                  |     |                   | MMP           |
| 27165  | Osteotomy, intertrochanteric or subtrochanteric including internal  | No                  |     |                   | MMP           |
| 27170  | Bone graft, femoral head, neck, intertrochanteric or subtrochanteric  | No                  |     |                   | MMP           |
| 27175  | Treatment of slipped femoral epiphysis; by traction, without reduction  | No                  |     |                   | MMP           |
| 27176  | Treatment of slipped femoral epiphysis; by single or multiple pinning,  | No                  |     |                   | MMP           |
| 27177  | Open treatment of slipped femoral epiphysis; single or multiple pinning   | No                  |     |                   | MMP           |
| 27178  | Open treatment of slipped femoral epiphysis; closed manipulation with   | No                  |     |                   | MMP           |
| 27179  | Open treatment of slipped femoral epiphysis; osteoplasty of   | No                  |     |                   | MMP           |
| 27181  | Open treatment of slipped femoral epiphysis; osteotomy and  | No                  |     |                   | MMP           |
| 27185  | Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter   | No                  |     |                   | MMP           |
| 27187  | Prophylactic treatment (nailing, pinning, plating or wiring) with or  | No                  |     |                   | MMP           |
| 27197  | Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation | No                  |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27198  | Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural) | No                  |     |                   | MMP           |
| 27200  | Closed treatment of coccygeal fracture  | No                  |     |                   | MMP           |
| 27202  | Open treatment of coccygeal fracture  | No                  |     |                   | MMP           |
| 27215  | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing  | No                  |     |                   | MMP           |
| 27216  | dislocation (includes ilium, sacroiliac joint and/or sacrum)  | No                  |     |                   | MMP           |
| 27217  | Open treatment of anterior ring fracture and/or dislocation with  | No                  |     |                   | MMP           |
| 27218  | Open treatment of posterior ring fracture and/or dislocation with   | No                  |     |                   | MMP           |
| 27220  | Closed treatment of acetabulum (hip socket) fracture(s); without  | No                  |     |                   | MMP           |
| 27222  | Closed treatment of acetabulum (hip socket) fracture(s); with   | No                  |     |                   | MMP           |
| 27226  | Open treatment of posterior or anterior acetabular wall fracture,   | No                  |     |                   | MMP           |
| 27227  | Open treatment of acetabular fracture(s) involving anterior or  | No                  |     |                   | MMP           |
| 27228  | Open treatment of acetabular fracture(s) involving anterior and   | No                  |     |                   | MMP           |
| 27230  | Closed treatment of femoral fracture, proximal end, neck; without   | No                  |     |                   | MMP           |
| 27232  | Closed treatment of femoral fracture, proximal end, neck; with  | No                  |     |                   | MMP           |
| 27235  | Percutaneous skeletal fixation of femoral fracture, proximal end, neck  | No                  |     |                   | MMP           |
| 27236  | Open treatment of femoral fracture, proximal end, neck, internal  | No                  |     |                   | MMP           |
| 27238  | Closed treatment of intertrochanteric, pertrochanteric, or  | No                  |     |                   | MMP           |
| 27240  | Closed treatment of intertrochanteric, pertrochanteric, or  | No                  |     |                   | MMP           |
| 27244  | Treatment of intertrochanteric, pertrochanteric, or subtrochanteric   | No                  |     |                   | MMP           |
| 27245  | Treatment of intertrochanteric, pertrochanteric, or subtrochanteric   | No                  |     |                   | MMP           |
| 27246  | Closed treatment of greater trochanteric fracture, without manipulation   | No                  |     |                   | MMP           |
| 27248  | Open treatment of greater trochanteric fracture, with or without  | No                  |     |                   | MMP           |
| 27250  | Closed treatment of hip dislocation, traumatic; without anesthesia  | No                  |     |                   | MMP           |
| 27252  | Closed treatment of hip dislocation, traumatic; requiring anesthesia  | No                  |     |                   | MMP           |
| 27253  | Open treatment of hip dislocation, traumatic, without internal  | No                  |     |                   | MMP           |
| 27254  | Open treatment of hip dislocation, traumatic, with acetabular wall  | No                  |     |                   | MMP           |
| 27256  | Treatment of spontaneous hip dislocation (developmental, including  | No                  |     |                   | MMP           |
| 27257  | Treatment of spontaneous hip dislocation (developmental, including  | No                  |     |                   | MMP           |
| 27258  | Open treatment of spontaneous hip dislocation (developmental,   | No                  |     |                   | MMP           |
| 27259  | Open treatment of spontaneous hip dislocation (developmental,   | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27265  | Closed treatment of post hip arthroplasty dislocation; without   | No                  |     |                   | MMP           |
| 27266  | Closed treatment of post hip arthroplasty dislocation; requiring   | No                  |     |                   | MMP           |
| 27267  | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION   | No                  |     |                   | MMP           |
| 27268  | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION  | No                  |     |                   | MMP           |
| 27269  | OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; INCLUDES INTERNAL FIXATION, WHEN PERFORMED   | No                  |     |                   | MMP           |
| 27275  | Manipulation, hip joint, requiring general anesthesia  | No                  |     |                   | MMP           |
| 27279  | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | Not Covered         |     |                   | MMP           |
| 27279  | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | No                  |     |                   | MMP           |
| 27280  | Arthrodesis, sacroiliac joint (including obtaining graft)  | No                  |     |                   | MMP           |
| 27282  | Arthrodesis, symphysis pubis (including obtaining graft)   | No                  |     |                   | MMP           |
| 27284  | Arthrodesis, hip joint (including obtaining graft);  | No                  |     |                   | MMP           |
| 27286  | Arthrodesis, hip joint (including obtaining graft); with   | No                  |     |                   | MMP           |
| 27290  | Interpelviabdominal amputation (hindquarter amputation)  | No                  |     |                   | MMP           |
| 27295  | Disarticulation of hip   | No                  |     |                   | MMP           |
| 27299  | UNLISTED PROCEDURE, PELVIS OR HIP JOINT  | Yes                 |     |                   | MMP           |
| 27301  | Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee   | No                  |     |                   | MMP           |
| 27303  | Incision, deep, with opening of bone cortex, femur or knee (eg,  | No                  |     |                   | MMP           |
| 27305  | Fasciotomy, iliotibial (tenotomy), open  | No                  |     |                   | MMP           |
| 27306  | Tenotomy, percutaneous, adductor or hamstring; single tendon (separate   | No                  |     |                   | MMP           |
| 27307  | Tenotomy, percutaneous, adductor or hamstring; multiple tendons  | No                  |     |                   | MMP           |
| 27310  | Arthrotomy, knee, with exploration, drainage, or removal of foreign body   | No                  |     |                   | MMP           |
| 27323  | Biopsy, soft tissue of thigh or knee area; superficial   | Yes                 |     |                   | MMP           |
| 27324  | Biopsy, soft tissue of thigh or knee area; deep (subfascial or   | No                  |     |                   | MMP           |
| 27325  | NEURECTOMY, HAMSTRING MUSCLE   | No                  |     |                   | MMP           |
| 27326  | NEURECTOMY, POPLITEAL (GASTROCNEMIUS)  | No                  |     |                   | MMP           |
| 27327  | Excision, tumor, thigh or knee area; subcutaneous  | Yes                 |     |                   | MMP           |
| 27328  | Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular  | No                  |     |                   | MMP           |
| 27329  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of  | No                  |     |                   | MMP           |
| 27330  | ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27331  | ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES            | No                  |     |                   | MMP           |
| 27332  | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL                 | No                  |     |                   | MMP           |
| 27333  | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL                | No                  |     |                   | MMP           |
| 27334  | ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR  | No                  |     |                   | MMP           |
| 27335  | ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA                      | No                  |     |                   | MMP           |
| 27337  | EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER                       | Yes                 |     |                   | MMP           |
| 27339  | EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER     | No                  |     |                   | MMP           |
| 27340  | Excision, prepatellar bursa   | No                  |     |                   | MMP           |
| 27345  | Excision of synovial cyst of popliteal space (eg, Baker's cyst)   | No                  |     |                   | MMP           |
| 27347  | Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee                                    | No                  |     |                   | MMP           |
| 27350  | Patellectomy or hemipatellectomy  | No                  |     |                   | MMP           |
| 27355  | Excision or curettage of bone cyst or benign tumor of femur;  | No                  |     |                   | MMP           |
| 27356  | Excision or curettage of bone cyst or benign tumor of femur; with                                       | No                  |     |                   | MMP           |
| 27357  | Excision or curettage of bone cyst or benign tumor of femur; with                                       | No                  |     |                   | MMP           |
| 27358  | Excision or curettage of bone cyst or benign tumor of femur; with                                       | No                  |     |                   | MMP           |
| 27360  | Partial excision (craterization, saucerization, or diaphysectomy) bone,                                 | No                  |     |                   | MMP           |
| 27364  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR GREATER | No                  |     |                   | MMP           |
| 27365  | Radical resection of tumor, bone, femur or knee   | No                  |     |                   | MMP           |
| 27370  | Injection procedure for knee arthrography   | No                  |     |                   | MMP           |
| 27372  | Removal of foreign body, deep, thigh region or knee area  | No                  |     |                   | MMP           |
| 27380  | Suture of infrapatellar tendon; primary   | No                  |     |                   | MMP           |
| 27381  | Suture of infrapatellar tendon; secondary reconstruction, including                                     | No                  |     |                   | MMP           |
| 27385  | Suture of quadriceps or hamstring muscle rupture; primary   | No                  |     |                   | MMP           |
| 27386  | Suture of quadriceps or hamstring muscle rupture; secondary   | No                  |     |                   | MMP           |
| 27390  | Tenotomy, open, hamstring, knee to hip; single tendon   | No                  |     |                   | MMP           |
| 27391  | Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg                                       | No                  |     |                   | MMP           |
| 27392  | Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral                                     | No                  |     |                   | MMP           |
| 27393  | Lengthening of hamstring tendon; single tendon  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27394  | Lengthening of hamstring tendon; multiple tendons, one leg                                      | No                  |     |                   | MMP           |
| 27395  | Lengthening of hamstring tendon; multiple tendons, bilateral                                    | No                  |     |                   | MMP           |
| 27396  | Transplant, hamstring tendon to patella; single tendon  | No                  |     |                   | MMP           |
| 27397  | Transplant, hamstring tendon to patella; multiple tendons                                       | No                  |     |                   | MMP           |
| 27400  | Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type)                              | No                  |     |                   | MMP           |
| 27403  | Arthrotomy with meniscus repair, knee   | No                  |     |                   | MMP           |
| 27405  | Repair, primary, torn ligament and/or capsule, knee; collateral                                 | No                  |     |                   | MMP           |
| 27407  | Repair, primary, torn ligament and/or capsule, knee; cruciate                                   | No                  |     |                   | MMP           |
| 27409  | Repair, primary, torn ligament and/or capsule, knee; collateral and                             | No                  |     |                   | MMP           |
| 27412  | AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE   | No                  |     |                   | MMP           |
| 27415  | OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN   | No                  |     |                   | MMP           |
| 27416  | OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT(S)) | No                  |     |                   | MMP           |
| 27418  | Anterior tibial tubercleplasty (eg, Maquet type procedure)                                      | No                  |     |                   | MMP           |
| 27420  | Reconstruction of dislocating patella; (eg, Hauser type procedure)                              | No                  |     |                   | MMP           |
| 27422  | Reconstruction of dislocating patella; with extensor realignment and/or                         | No                  |     |                   | MMP           |
| 27424  | Reconstruction of dislocating patella; with patellectomy  | No                  |     |                   | MMP           |
| 27425  | Lateral retinacular release, open   | No                  |     |                   | MMP           |
| 27427  | Ligamentous reconstruction (augmentation), knee; extra-articular                                | No                  |     |                   | MMP           |
| 27428  | Ligamentous reconstruction (augmentation), knee; intra-articular (open)                         | No                  |     |                   | MMP           |
| 27429  | Ligamentous reconstruction (augmentation), knee; intra-articular (open)                         | No                  |     |                   | MMP           |
| 27430  | Quadricepsplasty (eg, Bennett or Thompson type)   | No                  |     |                   | MMP           |
| 27435  | Capsulotomy, posterior capsular release, knee   | No                  |     |                   | MMP           |
| 27437  | Arthroplasty, patella; without prosthesis   | No                  |     |                   | MMP           |
| 27438  | Arthroplasty, patella; with prosthesis  | No                  |     |                   | MMP           |
| 27440  | Arthroplasty, knee, tibial plateau;   | No                  |     |                   | MMP           |
| 27441  | Arthroplasty, knee, tibial plateau; with debridement and partial                                | No                  |     |                   | MMP           |
| 27442  | Arthroplasty, femoral condyles or tibial plateau(s), knee;                                      | No                  |     |                   | MMP           |
| 27443  | Arthroplasty, femoral condyles or tibial plateau(s), knee; with                                 | No                  |     |                   | MMP           |
| 27445  | Arthroplasty, knee, hinge prosthesis (eg, Walldius type)  | No                  |     |                   | MMP           |
| 27446  | Arthroplasty, knee, condyle and plateau; medial OR lateral                                      | No                  |     |                   | MMP           |
| 27447  | Arthroplasty, knee, condyle and plateau; medial AND lateral                                     | No                  |     |                   | MMP           |
| 27448  | Osteotomy, femur, shaft or supracondylar; without fixation                                      | No                  |     |                   | MMP           |
| 27450  | Osteotomy, femur, shaft or supracondylar; with fixation   | No                  |     |                   | MMP           |
| 27454  | Osteotomy, multiple, with realignment on intramedullary rod,                                    | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27455  | Osteotomy, proximal tibia, including fibular excision or osteotomy       | No                  |     |                   | MMP           |
| 27457  | Osteotomy, proximal tibia, including fibular excision or osteotomy       | No                  |     |                   | MMP           |
| 27465  | Osteoplasty, femur; shortening (excluding 64876)                         | No                  |     |                   | MMP           |
| 27466  | Osteoplasty, femur; lengthening  | No                  |     |                   | MMP           |
| 27468  | Osteoplasty, femur; combined, lengthening and shortening with            | No                  |     |                   | MMP           |
| 27470  | Repair, nonunion or malunion, femur, distal to head and neck;            | No                  |     |                   | MMP           |
| 27472  | Repair, nonunion or malunion, femur, distal to head and neck;            | No                  |     |                   | MMP           |
| 27475  | Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur        | No                  |     |                   | MMP           |
| 27477  | Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula,   | No                  |     |                   | MMP           |
| 27479  | Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal     | No                  |     |                   | MMP           |
| 27485  | Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg,    | No                  |     |                   | MMP           |
| 27486  | Revision of total knee arthroplasty, with or without allograft; one      | No                  |     |                   | MMP           |
| 27487  | Revision of total knee arthroplasty, with or without allograft;          | No                  |     |                   | MMP           |
| 27488  | Removal of prosthesis, including total knee prosthesis,                  | No                  |     |                   | MMP           |
| 27495  | Prophylactic treatment (nailing, pinning, plating or wiring) with or     | No                  |     |                   | MMP           |
| 27496  | extensor or adductor);   | No                  |     |                   | MMP           |
| 27497  | Decompression fasciotomy, thigh and/or knee, one compartment (flexor     | No                  |     |                   | MMP           |
| 27498  | Decompression fasciotomy, thigh and/or knee, multiple compartments;      | No                  |     |                   | MMP           |
| 27499  | Decompression fasciotomy, thigh and/or knee, multiple compartments;      | No                  |     |                   | MMP           |
| 27500  | Closed treatment of femoral shaft fracture, without manipulation         | No                  |     |                   | MMP           |
| 27501  | Closed treatment of supracondylar or transcondylar femoral fracture with | No                  |     |                   | MMP           |
| 27502  | Closed treatment of femoral shaft fracture, with manipulation, with or   | No                  |     |                   | MMP           |
| 27503  | Closed treatment of supracondylar or transcondylar femoral fracture with | No                  |     |                   | MMP           |
| 27506  | Open treatment of femoral shaft fracture, with or without external       | No                  |     |                   | MMP           |
| 27507  | Open treatment of femoral shaft fracture with plate/screws, with or      | No                  |     |                   | MMP           |
| 27508  | Closed treatment of femoral fracture, distal end, medial or lateral      | No                  |     |                   | MMP           |
| 27509  | Percutaneous skeletal fixation of femoral fracture, distal end,          | No                  |     |                   | MMP           |
| 27510  | Closed treatment of femoral fracture, distal end, medial or lateral      | No                  |     |                   | MMP           |
| 27511  | Open treatment of femoral supracondylar or transcondylar fracture        | No                  |     |                   | MMP           |
| 27513  | Open treatment of femoral supracondylar or transcondylar fracture        | No                  |     |                   | MMP           |
| 27514  | Open treatment of femoral fracture, distal end, medial or lateral        | No                  |     |                   | MMP           |
| 27516  | Closed treatment of distal femoral epiphyseal separation; without        | No                  |     |                   | MMP           |
| 27517  | Closed treatment of distal femoral epiphyseal separation; with           | No                  |     |                   | MMP           |
| 27519  | Open treatment of distal femoral epiphyseal separation, with or          | No                  |     |                   | MMP           |
| 27520  | Closed treatment of patellar fracture, without manipulation              | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27524  | Open treatment of patellar fracture, with internal fixation and/or       | No                  |     |                   | MMP           |
| 27530  | Closed treatment of tibial fracture, proximal (plateau); without         | No                  |     |                   | MMP           |
| 27532  | Closed treatment of tibial fracture, proximal (plateau); with or without | No                  |     |                   | MMP           |
| 27535  | Open treatment of tibial fracture, proximal (plateau); unicondylar, with | No                  |     |                   | MMP           |
| 27536  | Open treatment of tibial fracture, proximal (plateau); bicondylar, with  | No                  |     |                   | MMP           |
| 27538  | Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) | No                  |     |                   | MMP           |
| 27540  | Open treatment of intercondylar spine(s) and/or tuberosity fracture(s)   | No                  |     |                   | MMP           |
| 27550  | Closed treatment of knee dislocation; without anesthesia                 | No                  |     |                   | MMP           |
| 27552  | Closed treatment of knee dislocation; requiring anesthesia               | No                  |     |                   | MMP           |
| 27556  | Open treatment of knee dislocation, with or without internal or external | No                  |     |                   | MMP           |
| 27557  | Open treatment of knee dislocation, with or without internal or external | No                  |     |                   | MMP           |
| 27558  | Open treatment of knee dislocation, with or without internal or external | No                  |     |                   | MMP           |
| 27560  | Closed treatment of patellar dislocation; without anesthesia             | No                  |     |                   | MMP           |
| 27562  | Closed treatment of patellar dislocation; requiring anesthesia           | No                  |     |                   | MMP           |
| 27566  | Open treatment of patellar dislocation, with or without partial or total | No                  |     |                   | MMP           |
| 27570  | Manipulation of knee joint under general anesthesia (includes            | No                  |     |                   | MMP           |
| 27580  | Arthrodesis, knee, any technique   | No                  |     |                   | MMP           |
| 27590  | Amputation, thigh, through femur, any level;                             | No                  |     |                   | MMP           |
| 27591  | Amputation, thigh, through femur, any level; immediate fitting           | No                  |     |                   | MMP           |
| 27592  | Amputation, thigh, through femur, any level; open, circular              | No                  |     |                   | MMP           |
| 27594  | Amputation, thigh, through femur, any level; secondary closure or        | No                  |     |                   | MMP           |
| 27596  | Amputation, thigh, through femur, any level; re-amputation               | No                  |     |                   | MMP           |
| 27598  | Disarticulation at knee  | No                  |     |                   | MMP           |
| 27599  | UNLISTED PROCEDURE, FEMUR OR KNEE  | Yes                 |     |                   | MMP           |
| 27600  | Decompression fasciotomy, leg; anterior and/or lateral compartments      | No                  |     |                   | MMP           |
| 27601  | Decompression fasciotomy, leg; posterior compartment(s) only             | No                  |     |                   | MMP           |
| 27602  | Decompression fasciotomy, leg; anterior and/or lateral, and posterior    | No                  |     |                   | MMP           |
| 27603  | Incision and drainage, leg or ankle; deep abscess or hematoma            | No                  |     |                   | MMP           |
| 27604  | Incision and drainage, leg or ankle; infected bursa                      | No                  |     |                   | MMP           |
| 27605  | Tenotomy, percutaneous, Achilles tendon (separate procedure); local      | No                  |     |                   | MMP           |
| 27606  | Tenotomy, percutaneous, Achilles tendon (separate procedure); general    | No                  |     |                   | MMP           |
| 27607  | Incision (eg, osteomyelitis or bone abscess), leg or ankle               | No                  |     |                   | MMP           |
| 27610  | Arthrotomy, ankle, including exploration, drainage, or removal of        | No                  |     |                   | MMP           |
| 27612  | Arthrotomy, posterior capsular release, ankle, with or without Achilles  | No                  |     |                   | MMP           |
| 27613  | Biopsy, soft tissue of leg or ankle area; superficial                    | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27614  | Biopsy, soft tissue of leg or ankle area; deep (subfascial or  | No                  |     |                   | MMP           |
| 27615  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg                                | No                  |     |                   | MMP           |
| 27616  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER | No                  |     |                   | MMP           |
| 27618  | Excision, tumor, leg or ankle area; subcutaneous tissue  | Yes                 |     |                   | MMP           |
| 27619  | Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)                                 | No                  |     |                   | MMP           |
| 27620  | Arthrotomy, ankle, with joint exploration, with or without biopsy, with                                | No                  |     |                   | MMP           |
| 27625  | Arthrotomy, with synovectomy, ankle;   | No                  |     |                   | MMP           |
| 27626  | Arthrotomy, with synovectomy, ankle; including tenosynovectomy   | No                  |     |                   | MMP           |
| 27630  | Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion),                                 | No                  |     |                   | MMP           |
| 27632  | EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER                       | Yes                 |     |                   | MMP           |
| 27634  | EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER     | No                  |     |                   | MMP           |
| 27635  | Excision or curettage of bone cyst or benign tumor, tibia or fibula;                                   | No                  |     |                   | MMP           |
| 27637  | Excision or curettage of bone cyst or benign tumor, tibia or fibula;                                   | No                  |     |                   | MMP           |
| 27638  | Excision or curettage of bone cyst or benign tumor, tibia or fibula;                                   | No                  |     |                   | MMP           |
| 27640  | Partial excision (craterization, saucerization, or diaphysectomy) bone                                 | No                  |     |                   | MMP           |
| 27641  | Partial excision (craterization, saucerization, or diaphysectomy) bone                                 | No                  |     |                   | MMP           |
| 27645  | Radical resection of tumor, bone; tibia  | No                  |     |                   | MMP           |
| 27646  | Radical resection of tumor, bone; fibula   | No                  |     |                   | MMP           |
| 27647  | Radical resection of tumor, bone; talus or calcaneus   | No                  |     |                   | MMP           |
| 27648  | Injection procedure for ankle arthrography   | No                  |     |                   | MMP           |
| 27650  | Repair, primary, open or percutaneous, ruptured Achilles tendon;                                       | No                  |     |                   | MMP           |
| 27652  | Repair, primary, open or percutaneous, ruptured Achilles tendon; with                                  | No                  |     |                   | MMP           |
| 27654  | Repair, secondary, Achilles tendon, with or without graft  | No                  |     |                   | MMP           |
| 27656  | Repair, fascial defect of leg  | No                  |     |                   | MMP           |
| 27658  | Repair, flexor tendon, leg; primary, without graft, each tendon  | No                  |     |                   | MMP           |
| 27659  | Repair, flexor tendon, leg; secondary, with or without graft, each                                     | No                  |     |                   | MMP           |
| 27664  | Repair, extensor tendon, leg; primary, without graft, each tendon                                      | No                  |     |                   | MMP           |
| 27665  | Repair, extensor tendon, leg; secondary, with or without graft, each                                   | No                  |     |                   | MMP           |
| 27675  | Repair, dislocating peroneal tendons; without fibular osteotomy  | No                  |     |                   | MMP           |
| 27676  | Repair, dislocating peroneal tendons; with fibular osteotomy   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27680  | Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each     | No                  |     |                   | MMP           |
| 27681  | Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons | No                  |     |                   | MMP           |
| 27685  | Lengthening or shortening of tendon, leg or ankle; single tendon         | No                  |     |                   | MMP           |
| 27686  | Lengthening or shortening of tendon, leg or ankle; multiple tendons      | No                  |     |                   | MMP           |
| 27687  | Gastrocnemius recession (eg, Strayer procedure)                          | No                  |     |                   | MMP           |
| 27690  | Transfer or transplant of single tendon (with muscle redirection or      | No                  |     |                   | MMP           |
| 27691  | Transfer or transplant of single tendon (with muscle redirection or      | No                  |     |                   | MMP           |
| 27692  | Transfer or transplant of single tendon (with muscle redirection or      | No                  |     |                   | MMP           |
| 27695  | Repair, primary, disrupted ligament, ankle; collateral                   | No                  |     |                   | MMP           |
| 27696  | Repair, primary, disrupted ligament, ankle; both collateral ligaments    | No                  |     |                   | MMP           |
| 27698  | Repair, secondary, disrupted ligament, ankle, collateral (eg,            | No                  |     |                   | MMP           |
| 27700  | Arthroplasty, ankle;   | No                  |     |                   | MMP           |
| 27702  | Arthroplasty, ankle; with implant (total ankle)                          | No                  |     |                   | MMP           |
| 27703  | Arthroplasty, ankle; revision, total ankle                               | No                  |     |                   | MMP           |
| 27704  | Removal of ankle implant   | No                  |     |                   | MMP           |
| 27705  | Osteotomy; tibia   | No                  |     |                   | MMP           |
| 27707  | Osteotomy; fibula  | No                  |     |                   | MMP           |
| 27709  | Osteotomy; tibia and fibula  | No                  |     |                   | MMP           |
| 27712  | Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield | No                  |     |                   | MMP           |
| 27715  | Osteoplasty, tibia and fibula, lengthening or shortening                 | No                  |     |                   | MMP           |
| 27720  | Repair of nonunion or malunion, tibia; without graft, (eg, compression   | No                  |     |                   | MMP           |
| 27722  | Repair of nonunion or malunion, tibia; with sliding graft                | No                  |     |                   | MMP           |
| 27724  | Repair of nonunion or malunion, tibia; with iliac or other autograft     | No                  |     |                   | MMP           |
| 27725  | Repair of nonunion or malunion, tibia; by synostosis, with fibula, any   | No                  |     |                   | MMP           |
| 27726  | REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION         | No                  |     |                   | MMP           |
| 27727  | Repair of congenital pseudarthrosis, tibia                               | No                  |     |                   | MMP           |
| 27730  | Arrest, epiphyseal (epiphysiodesis), open; distal tibia                  | No                  |     |                   | MMP           |
| 27732  | Arrest, epiphyseal (epiphysiodesis), open; distal fibula                 | No                  |     |                   | MMP           |
| 27734  | Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula       | No                  |     |                   | MMP           |
| 27740  | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal      | No                  |     |                   | MMP           |
| 27742  | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal      | No                  |     |                   | MMP           |
| 27745  | Prophylactic treatment (nailing, pinning, plating or wiring) with or     | No                  |     |                   | MMP           |
| 27750  | Closed treatment of tibial shaft fracture (with or without fibular       | No                  |     |                   | MMP           |
| 27752  | Closed treatment of tibial shaft fracture (with or without fibular       | No                  |     |                   | MMP           |
| 27756  | Percutaneous skeletal fixation of tibial shaft fracture (with or without | No                  |     |                   | MMP           |
| 27758  | Open treatment of tibial shaft fracture, (with or without fibular        | No                  |     |                   | MMP           |
| 27759  | Treatment of tibial shaft fracture (with or without fibular fracture) by | No                  |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27760  | Closed treatment of medial malleolus fracture; without manipulation                        | No                  |     |                   | MMP           |
| 27762  | Closed treatment of medial malleolus fracture; with manipulation, with                     | No                  |     |                   | MMP           |
| 27766  | Open treatment of medial malleolus fracture, with or without internal or                   | No                  |     |                   | MMP           |
| 27767  | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION                     | No                  |     |                   | MMP           |
| 27768  | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION                        | No                  |     |                   | MMP           |
| 27769  | OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED | No                  |     |                   | MMP           |
| 27780  | Closed treatment of proximal fibula or shaft fracture; without                             | No                  |     |                   | MMP           |
| 27781  | Closed treatment of proximal fibula or shaft fracture; with manipulation                   | No                  |     |                   | MMP           |
| 27784  | Open treatment of proximal fibula or shaft fracture, with or without                       | No                  |     |                   | MMP           |
| 27786  | Closed treatment of distal fibular fracture (lateral malleolus); without                   | No                  |     |                   | MMP           |
| 27788  | Closed treatment of distal fibular fracture (lateral malleolus); with                      | No                  |     |                   | MMP           |
| 27792  | Open treatment of distal fibular fracture (lateral malleolus), with or                     | No                  |     |                   | MMP           |
| 27808  | Closed treatment of bimalleolar ankle fracture, (including Potts);                         | No                  |     |                   | MMP           |
| 27810  | Closed treatment of bimalleolar ankle fracture, (including Potts); with                    | No                  |     |                   | MMP           |
| 27814  | Open treatment of bimalleolar ankle fracture, with or without internal                     | No                  |     |                   | MMP           |
| 27816  | Closed treatment of trimalleolar ankle fracture; without manipulation                      | No                  |     |                   | MMP           |
| 27818  | Closed treatment of trimalleolar ankle fracture; with manipulation                         | No                  |     |                   | MMP           |
| 27822  | Open treatment of trimalleolar ankle fracture, with or without internal                    | No                  |     |                   | MMP           |
| 27823  | Open treatment of trimalleolar ankle fracture, with or without internal                    | No                  |     |                   | MMP           |
| 27824  | Closed treatment of fracture of weight bearing articular portion of                        | No                  |     |                   | MMP           |
| 27825  | Closed treatment of fracture of weight bearing articular portion of                        | No                  |     |                   | MMP           |
| 27826  | Open treatment of fracture of weight bearing articular surface/portion                     | No                  |     |                   | MMP           |
| 27827  | Open treatment of fracture of weight bearing articular surface/portion                     | No                  |     |                   | MMP           |
| 27828  | Open treatment of fracture of weight bearing articular surface/portion                     | No                  |     |                   | MMP           |
| 27829  | Open treatment of distal tibiofibular joint (syndesmosis) disruption,                      | No                  |     |                   | MMP           |
| 27830  | Closed treatment of proximal tibiofibular joint dislocation; without                       | No                  |     |                   | MMP           |
| 27831  | Closed treatment of proximal tibiofibular joint dislocation; requiring                     | No                  |     |                   | MMP           |
| 27832  | Open treatment of proximal tibiofibular joint dislocation, with or                         | No                  |     |                   | MMP           |
| 27840  | Closed treatment of ankle dislocation; without anesthesia                                  | No                  |     |                   | MMP           |
| 27842  | Closed treatment of ankle dislocation; requiring anesthesia, with or                       | No                  |     |                   | MMP           |
| 27846  | Open treatment of ankle dislocation, with or without percutaneous                          | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 27848  | Open treatment of ankle dislocation, with or without percutaneous                                | No                  |     |                   | MMP           |
| 27860  | Manipulation of ankle under general anesthesia (includes application of                          | No                  |     |                   | MMP           |
| 27870  | Arthrodesis, ankle, open   | No                  |     |                   | MMP           |
| 27871  | Arthrodesis, tibiofibular joint, proximal or distal  | No                  |     |                   | MMP           |
| 27880  | Amputation, leg, through tibia and fibula;   | No                  |     |                   | MMP           |
| 27881  | Amputation, leg, through tibia and fibula; with immediate fitting                                | No                  |     |                   | MMP           |
| 27882  | Amputation, leg, through tibia and fibula; open, circular (guillotine)                           | No                  |     |                   | MMP           |
| 27884  | Amputation, leg, through tibia and fibula; secondary closure or scar                             | No                  |     |                   | MMP           |
| 27886  | Amputation, leg, through tibia and fibula; re-amputation   | No                  |     |                   | MMP           |
| 27888  | Amputation, ankle, through malleoli of tibia and fibula (eg, Syme,                               | No                  |     |                   | MMP           |
| 27889  | Ankle disarticulation  | No                  |     |                   | MMP           |
| 27892  | Decompression fasciotomy, leg; anterior and/or lateral compartments                              | No                  |     |                   | MMP           |
| 27893  | Decompression fasciotomy, leg; posterior compartment(s) only, with                               | No                  |     |                   | MMP           |
| 27894  | Decompression fasciotomy, leg; anterior and/or lateral, and posterior                            | No                  |     |                   | MMP           |
| 27899  | UNLISTED PROCEDURE, LEG OR ANKLE   | Yes                 |     |                   | MMP           |
| 28001  | Incision and drainage, bursa, foot   | No                  |     |                   | MMP           |
| 28002  | Incision and drainage below fascia, with or without tendon sheath                                | No                  |     |                   | MMP           |
| 28003  | Incision and drainage below fascia, with or without tendon sheath                                | No                  |     |                   | MMP           |
| 28005  | Incision, bone cortex (eg, osteomyelitis or bone abscess), foot                                  | No                  |     |                   | MMP           |
| 28008  | Fasciotomy, foot and/or toe  | No                  |     |                   | MMP           |
| 28010  | Tenotomy, percutaneous, toe; single tendon   | No                  |     |                   | MMP           |
| 28011  | Tenotomy, percutaneous, toe; multiple tendons  | No                  |     |                   | MMP           |
| 28020  | Arthrotomy, including exploration, drainage, or removal of loose or                              | No                  |     |                   | MMP           |
| 28022  | Arthrotomy, including exploration, drainage, or removal of loose or                              | No                  |     |                   | MMP           |
| 28024  | Arthrotomy, including exploration, drainage, or removal of loose or                              | No                  |     |                   | MMP           |
| 28035  | Release, tarsal tunnel (posterior tibial nerve decompression)                                    | No                  |     |                   | MMP           |
| 28039  | EXCISION, TUMOR, SOF TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER                      | Yes                 |     |                   | MMP           |
| 28041  | EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER   | No                  |     |                   | MMP           |
| 28043  | Excision, tumor, foot; subcutaneous tissue   | Yes                 |     |                   | MMP           |
| 28045  | Excision, tumor, foot; deep, subfascial, intramuscular   | No                  |     |                   | MMP           |
| 28046  | Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot                         | No                  |     |                   | MMP           |
| 28047  | RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER | No                  |     |                   | MMP           |
| 28050  | Arthrotomy with biopsy; intertarsal or tarsometatarsal joint                                     | No                  |     |                   | MMP           |
| 28052  | Arthrotomy with biopsy; metatarsophalangeal joint  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 28054  | Arthrotomy with biopsy; interphalangeal joint                           | No                  |     |                   | MMP           |
| 28055  | NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT                               | No                  |     |                   | MMP           |
| 28060  | Fasciectomy, plantar fascia; partial (separate procedure)               | No                  |     |                   | MMP           |
| 28062  | Fasciectomy, plantar fascia; radical (separate procedure)               | No                  |     |                   | MMP           |
| 28070  | Synovectomy; intertarsal or tarsometatarsal joint, each                 | No                  |     |                   | MMP           |
| 28072  | Synovectomy; metatarsophalangeal joint, each                            | No                  |     |                   | MMP           |
| 28080  | Excision, interdigital (Morton) neuroma, single, each                   | No                  |     |                   | MMP           |
| 28086  | Synovectomy, tendon sheath, foot; flexor                                | No                  |     |                   | MMP           |
| 28088  | Synovectomy, tendon sheath, foot; extensor                              | No                  |     |                   | MMP           |
| 28090  | Excision of lesion, tendon, tendon sheath, or capsule (including        | No                  |     |                   | MMP           |
| 28092  | Excision of lesion, tendon, tendon sheath, or capsule (including        | No                  |     |                   | MMP           |
| 28100  | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; | No                  |     |                   | MMP           |
| 28102  | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; | No                  |     |                   | MMP           |
| 28103  | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; | No                  |     |                   | MMP           |
| 28104  | Excision or curettage of bone cyst or benign tumor, tarsal or           | No                  |     |                   | MMP           |
| 28106  | Excision or curettage of bone cyst or benign tumor, tarsal or           | No                  |     |                   | MMP           |
| 28107  | Excision or curettage of bone cyst or benign tumor, tarsal or           | No                  |     |                   | MMP           |
| 28108  | Excision or curettage of bone cyst or benign tumor, phalanges of foot   | No                  |     |                   | MMP           |
| 28110  | Ostectomy, partial excision, fifth metatarsal head (bunionette)         | No                  |     |                   | MMP           |
| 28111  | Ostectomy, complete excision; first metatarsal head                     | No                  |     |                   | MMP           |
| 28112  | Ostectomy, complete excision; other metatarsal head (second, third or   | No                  |     |                   | MMP           |
| 28113  | Ostectomy, complete excision; fifth metatarsal head                     | No                  |     |                   | MMP           |
| 28114  | Ostectomy, complete excision; all metatarsal heads, with partial        | No                  |     |                   | MMP           |
| 28116  | Ostectomy, excision of tarsal coalition                                 | No                  |     |                   | MMP           |
| 28118  | Ostectomy, calcaneus;   | No                  |     |                   | MMP           |
| 28119  | Ostectomy, calcaneus; for spur, with or without plantar fascial release | No                  |     |                   | MMP           |
| 28120  | Partial excision (craterization, saucerization, sequestrectomy, or      | No                  |     |                   | MMP           |
| 28122  | Partial excision (craterization, saucerization, sequestrectomy, or      | No                  |     |                   | MMP           |
| 28124  | Partial excision (craterization, saucerization, sequestrectomy, or      | No                  |     |                   | MMP           |
| 28126  | Resection, partial or complete, phalangeal base, each toe               | No                  |     |                   | MMP           |
| 28130  | Talectomy (astragalectomy)  | No                  |     |                   | MMP           |
| 28140  | Metatarsectomy  | No                  |     |                   | MMP           |
| 28150  | Phalangectomy, toe, each toe  | No                  |     |                   | MMP           |
| 28153  | Resection, condyle(s), distal end of phalanx, each toe                  | No                  |     |                   | MMP           |
| 28160  | Hemiphalangectomy or interphalangeal joint excision, toe, proximal end  | No                  |     |                   | MMP           |
| 28171  | Radical resection of tumor, bone; tarsal (except talus or calcaneus)    | No                  |     |                   | MMP           |
| 28173  | Radical resection of tumor, bone; metatarsal                            | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 28175  | Radical resection of tumor, bone; phalanx of toe  | No                  |     |                   | MMP           |
| 28190  | Removal of foreign body, foot; subcutaneous   | No                  |     |                   | MMP           |
| 28192  | Removal of foreign body, foot; deep   | No                  |     |                   | MMP           |
| 28193  | Removal of foreign body, foot; complicated  | No                  |     |                   | MMP           |
| 28200  | Repair, tendon, flexor, foot; primary or secondary, without free graft,   | No                  |     |                   | MMP           |
| 28202  | Repair, tendon, flexor, foot; secondary with free graft, each tendon  | No                  |     |                   | MMP           |
| 28208  | Repair, tendon, extensor, foot; primary or secondary, each tendon   | No                  |     |                   | MMP           |
| 28210  | Repair, tendon, extensor, foot; secondary with free graft, each tendon  | No                  |     |                   | MMP           |
| 28220  | Tenolysis, flexor, foot; single tendon  | No                  |     |                   | MMP           |
| 28222  | Tenolysis, flexor, foot; multiple tendons   | No                  |     |                   | MMP           |
| 28225  | Tenolysis, extensor, foot; single tendon  | No                  |     |                   | MMP           |
| 28226  | Tenolysis, extensor, foot; multiple tendons   | No                  |     |                   | MMP           |
| 28230  | Tenotomy, open, tendon flexor; foot, single or multiple tendon(s)   | No                  |     |                   | MMP           |
| 28232  | Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)  | No                  |     |                   | MMP           |
| 28234  | Tenotomy, open, extensor, foot or toe, each tendon  | No                  |     |                   | MMP           |
| 28238  | Reconstruction (advancement), posterior tibial tendon with excision of  | No                  |     |                   | MMP           |
| 28240  | Tenotomy, lengthening, or release, abductor hallucis muscle   | No                  |     |                   | MMP           |
| 28250  | Division of plantar fascia and muscle (eg, Steindler stripping)   | No                  |     |                   | MMP           |
| 28260  | Capsulotomy, midfoot; medial release only (separate procedure)  | No                  |     |                   | MMP           |
| 28261  | Capsulotomy, midfoot; with tendon lengthening   | No                  |     |                   | MMP           |
| 28262  | Capsulotomy, midfoot; extensive, including posterior talotibial   | No                  |     |                   | MMP           |
| 28264  | Capsulotomy, midtarsal (eg, Heyman type procedure)  | No                  |     |                   | MMP           |
| 28270  | Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy,  | No                  |     |                   | MMP           |
| 28272  | Capsulotomy; interphalangeal joint, each joint (separate procedure)   | No                  |     |                   | MMP           |
| 28280  | Syndactylization, toes (eg, webbing or Kelikian type procedure)   | No                  |     |                   | MMP           |
| 28285  | Correction, hammertoe (eg, interphalangeal fusion, partial or total   | No                  |     |                   | MMP           |
| 28286  | Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora   | No                  |     |                   | MMP           |
| 28288  | Ostectomy, partial, exostectomy or condylectomy, metatarsal head,   | No                  |     |                   | MMP           |
| 28289  | Hallux rigidus correction with cheilectomy, debridement and capsular  | No                  |     |                   | MMP           |
| 28291  | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant | No                  |     |                   | MMP           |
| 28292  | Correction, hallux valgus (bunion), with or without sesamoidectomy;   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 28295  | Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method | No                  |     |                   | MMP           |
| 28296  | Correction, hallux valgus (bunion), with or without sesamoidectomy; with  | No                  |     |                   | MMP           |
| 28297  | Correction, hallux valgus (bunion), with or without sesamoidectomy;   | No                  |     |                   | MMP           |
| 28298  | Correction, hallux valgus (bunion), with or without sesamoidectomy; by  | No                  |     |                   | MMP           |
| 28299  | Correction, hallux valgus (bunion), with or without sesamoidectomy; by  | No                  |     |                   | MMP           |
| 28300  | Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or  | No                  |     |                   | MMP           |
| 28302  | Osteotomy; talus  | No                  |     |                   | MMP           |
| 28304  | Osteotomy, tarsal bones, other than calcaneus or talus;   | No                  |     |                   | MMP           |
| 28305  | Osteotomy, tarsal bones, other than calcaneus or talus; with autograft  | No                  |     |                   | MMP           |
| 28306  | Osteotomy, with or without lengthening, shortening or angular   | No                  |     |                   | MMP           |
| 28307  | Osteotomy, with or without lengthening, shortening or angular   | No                  |     |                   | MMP           |
| 28308  | Osteotomy, with or without lengthening, shortening or angular   | No                  |     |                   | MMP           |
| 28309  | Osteotomy, with or without lengthening, shortening or angular   | No                  |     |                   | MMP           |
| 28310  | Osteotomy, shortening, angular or rotational correction; proximal   | No                  |     |                   | MMP           |
| 28312  | Osteotomy, shortening, angular or rotational correction; other  | No                  |     |                   | MMP           |
| 28313  | Reconstruction, angular deformity of toe, soft tissue procedures only   | No                  |     |                   | MMP           |
| 28315  | Sesamoidectomy, first toe (separate procedure)  | No                  |     |                   | MMP           |
| 28320  | Repair, nonunion or malunion; tarsal bones  | No                  |     |                   | MMP           |
| 28322  | Repair, nonunion or malunion; metatarsal, with or without bone graft  | No                  |     |                   | MMP           |
| 28340  | Reconstruction, toe, macrodactyly; soft tissue resection  | No                  |     |                   | MMP           |
| 28341  | Reconstruction, toe, macrodactyly; requiring bone resection   | No                  |     |                   | MMP           |
| 28344  | Reconstruction, toe(s); polydactyly   | No                  |     |                   | MMP           |
| 28345  | Reconstruction, toe(s); syndactyly, with or without skin graft(s), each   | No                  |     |                   | MMP           |
| 28360  | Reconstruction, cleft foot  | No                  |     |                   | MMP           |
| 28400  | Closed treatment of calcaneal fracture; without manipulation  | No                  |     |                   | MMP           |
| 28405  | Closed treatment of calcaneal fracture; with manipulation   | No                  |     |                   | MMP           |
| 28406  | Percutaneous skeletal fixation of calcaneal fracture, with manipulation   | No                  |     |                   | MMP           |
| 28415  | Open treatment of calcaneal fracture, with or without internal or   | No                  |     |                   | MMP           |
| 28420  | Open treatment of calcaneal fracture, with or without internal or   | No                  |     |                   | MMP           |
| 28430  | Closed treatment of talus fracture; without manipulation  | No                  |     |                   | MMP           |
| 28435  | Closed treatment of talus fracture; with manipulation   | No                  |     |                   | MMP           |
| 28436  | Percutaneous skeletal fixation of talus fracture, with manipulation   | No                  |     |                   | MMP           |
| 28445  | Open treatment of talus fracture, with or without internal or external  | No                  |     |                   | MMP           |
| 28446  | Open osteochondral autograft, talus (includes obtaining graft[s])   | No                  |     |                   | MMP           |
| 28450  | Treatment of tarsal bone fracture (except talus and calcaneus); without   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 28455  | Treatment of tarsal bone fracture (except talus and calcaneus); with     | No                  |     |                   | MMP           |
| 28456  | Percutaneous skeletal fixation of tarsal bone fracture (except talus and | No                  |     |                   | MMP           |
| 28465  | Open treatment of tarsal bone fracture (except talus and calcaneus),     | No                  |     |                   | MMP           |
| 28470  | Closed treatment of metatarsal fracture; without manipulation, each      | No                  |     |                   | MMP           |
| 28475  | Closed treatment of metatarsal fracture; with manipulation, each         | No                  |     |                   | MMP           |
| 28476  | Percutaneous skeletal fixation of metatarsal fracture, with              | No                  |     |                   | MMP           |
| 28485  | Open treatment of metatarsal fracture, with or without internal or       | No                  |     |                   | MMP           |
| 28490  | Closed treatment of fracture great toe, phalanx or phalanges; without    | No                  |     |                   | MMP           |
| 28495  | Closed treatment of fracture great toe, phalanx or phalanges; with       | No                  |     |                   | MMP           |
| 28496  | Percutaneous skeletal fixation of fracture great toe, phalanx or         | No                  |     |                   | MMP           |
| 28505  | Open treatment of fracture great toe, phalanx or phalanges, with or      | No                  |     |                   | MMP           |
| 28510  | Closed treatment of fracture, phalanx or phalanges, other than great     | No                  |     |                   | MMP           |
| 28515  | Closed treatment of fracture, phalanx or phalanges, other than great     | No                  |     |                   | MMP           |
| 28525  | Open treatment of fracture, phalanx or phalanges, other than great toe,  | No                  |     |                   | MMP           |
| 28530  | Closed treatment of sesamoid fracture                                    | No                  |     |                   | MMP           |
| 28531  | Open treatment of sesamoid fracture, with or without internal fixation   | No                  |     |                   | MMP           |
| 28540  | Closed treatment of tarsal bone dislocation, other than talotarsal;      | No                  |     |                   | MMP           |
| 28545  | Closed treatment of tarsal bone dislocation, other than talotarsal;      | No                  |     |                   | MMP           |
| 28546  | Percutaneous skeletal fixation of tarsal bone dislocation, other than    | No                  |     |                   | MMP           |
| 28555  | Open treatment of tarsal bone dislocation, with or without internal or   | No                  |     |                   | MMP           |
| 28570  | Closed treatment of talotarsal joint dislocation; without anesthesia     | No                  |     |                   | MMP           |
| 28575  | Closed treatment of talotarsal joint dislocation; requiring anesthesia   | No                  |     |                   | MMP           |
| 28576  | Percutaneous skeletal fixation of talotarsal joint dislocation, with     | No                  |     |                   | MMP           |
| 28585  | Open treatment of talotarsal joint dislocation, with or without internal | No                  |     |                   | MMP           |
| 28600  | Closed treatment of tarsometatarsal joint dislocation; without           | No                  |     |                   | MMP           |
| 28605  | Closed treatment of tarsometatarsal joint dislocation; requiring         | No                  |     |                   | MMP           |
| 28606  | Percutaneous skeletal fixation of tarsometatarsal joint dislocation,     | No                  |     |                   | MMP           |
| 28615  | Open treatment of tarsometatarsal joint dislocation, with or without     | No                  |     |                   | MMP           |
| 28630  | Closed treatment of metatarsophalangeal joint dislocation; without       | No                  |     |                   | MMP           |
| 28635  | Closed treatment of metatarsophalangeal joint dislocation; requiring     | No                  |     |                   | MMP           |
| 28636  | Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, | No                  |     |                   | MMP           |
| 28645  | Open treatment of metatarsophalangeal joint dislocation, with or without | No                  |     |                   | MMP           |
| 28660  | Closed treatment of interphalangeal joint dislocation; without           | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 28665  | Closed treatment of interphalangeal joint dislocation; requiring   | No                  |     |                   | MMP           |
| 28666  | Percutaneous skeletal fixation of interphalangeal joint dislocation,   | No                  |     |                   | MMP           |
| 28675  | Open treatment of interphalangeal joint dislocation, with or without   | No                  |     |                   | MMP           |
| 28705  | Arthrodesis; pantalar  | No                  |     |                   | MMP           |
| 28715  | Arthrodesis; triple  | No                  |     |                   | MMP           |
| 28725  | Arthrodesis; subtalar  | No                  |     |                   | MMP           |
| 28730  | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;   | No                  |     |                   | MMP           |
| 28735  | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with  | No                  |     |                   | MMP           |
| 28737  | Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal  | No                  |     |                   | MMP           |
| 28740  | Arthrodesis, midtarsal or tarsometatarsal, single joint  | No                  |     |                   | MMP           |
| 28750  | Arthrodesis, great toe; metatarsophalangeal joint  | No                  |     |                   | MMP           |
| 28755  | Arthrodesis, great toe; interphalangeal joint  | No                  |     |                   | MMP           |
| 28760  | Arthrodesis, with extensor hallucis longus transfer to first metatarsal  | No                  |     |                   | MMP           |
| 28800  | Amputation, foot; midtarsal (eg, Chopart type procedure)   | No                  |     |                   | MMP           |
| 28805  | Amputation, foot; transmetatarsal  | No                  |     |                   | MMP           |
| 28810  | Amputation, metatarsal, with toe, single   | No                  |     |                   | MMP           |
| 28820  | Amputation, toe; metatarsophalangeal joint   | No                  |     |                   | MMP           |
| 28825  | Amputation, toe; interphalangeal joint   | No                  |     |                   | MMP           |
| 28890  | EXTRACORPOREAL SHOCK WAVE, HI ENERGY, PERFORMED BY A PHYS, REQUIRING ANESTHESIA OTHER THAN LOCA, INCLDG ULTRASOUND GUIDANCE INVOLV | No                  |     |                   | MMP           |
| 28899  | UNLISTED PROCEDURE, FOOT OR TOES   | Yes                 |     |                   | MMP           |
| 29000  | Application of halo type body cast (see 20661-20663 for insertion)   | No                  |     |                   | MMP           |
| 29010  | Application of Risser jacket, localizer, body; only  | No                  |     |                   | MMP           |
| 29015  | Application of Risser jacket, localizer, body; including head  | No                  |     |                   | MMP           |
| 29035  | Application of body cast, shoulder to hips;  | No                  |     |                   | MMP           |
| 29040  | Application of body cast, shoulder to hips; including head, Minerva type   | No                  |     |                   | MMP           |
| 29044  | Application of body cast, shoulder to hips; including one thigh  | No                  |     |                   | MMP           |
| 29046  | Application of body cast, shoulder to hips; including both thighs  | No                  |     |                   | MMP           |
| 29049  | Application, cast; figure-of-eight   | No                  |     |                   | MMP           |
| 29055  | Application, cast; shoulder spica  | No                  |     |                   | MMP           |
| 29058  | Application, cast; plaster Velpeau   | No                  |     |                   | MMP           |
| 29065  | Application, cast; shoulder to hand (long arm)   | No                  |     |                   | MMP           |
| 29075  | Application, cast; elbow to finger (short arm)   | No                  |     |                   | MMP           |
| 29085  | Application, cast; hand and lower forearm (gauntlet)   | No                  |     |                   | MMP           |
| 29086  | Application, cast; finger (eg, contracture)  | No                  |     |                   | MMP           |
| 29105  | Application of long arm splint (shoulder to hand)  | No                  |     |                   | MMP           |
| 29125  | Application of short arm splint (forearm to hand); static  | No                  |     |                   | MMP           |
| 29126  | Application of short arm splint (forearm to hand); dynamic   | No                  |     |                   | MMP           |

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| 29130  | Application of finger splint; static   | No                  |     |                   | MMP           |
| 29131  | Application of finger splint; dynamic  | No                  |     |                   | MMP           |
| 29200  | Strapping; thorax  | No                  |     |                   | MMP           |
| 29240  | Strapping; shoulder (eg, Velpeau)  | No                  |     |                   | MMP           |
| 29260  | Strapping; elbow or wrist  | No                  |     |                   | MMP           |
| 29280  | Strapping; hand or finger  | No                  |     |                   | MMP           |
| 29305  | Application of hip spica cast; one leg   | No                  |     |                   | MMP           |
| 29325  | Application of hip spica cast; one and one-half spica or both legs                   | No                  |     |                   | MMP           |
| 29345  | Application of long leg cast (thigh to toes);  | No                  |     |                   | MMP           |
| 29355  | Application of long leg cast (thigh to toes); walker or ambulatory type              | No                  |     |                   | MMP           |
| 29358  | Application of long leg cast brace   | No                  |     |                   | MMP           |
| 29365  | Application of cylinder cast (thigh to ankle)  | No                  |     |                   | MMP           |
| 29405  | Application of short leg cast (below knee to toes);                                  | No                  |     |                   | MMP           |
| 29425  | Application of short leg cast (below knee to toes); walking or                       | No                  |     |                   | MMP           |
| 29435  | Application of patellar tendon bearing (PTB) cast                                    | No                  |     |                   | MMP           |
| 29440  | Adding walker to previously applied cast   | No                  |     |                   | MMP           |
| 29445  | Application of rigid total contact leg cast  | No                  |     |                   | MMP           |
| 29450  | Application of clubfoot cast with molding or manipulation, long or short             | No                  |     |                   | MMP           |
| 29505  | Application of long leg splint (thigh to ankle or toes)                              | No                  |     |                   | MMP           |
| 29515  | Application of short leg splint (calf to foot)                                       | No                  |     |                   | MMP           |
| 29520  | Strapping; hip   | No                  |     |                   | MMP           |
| 29530  | Strapping; knee  | No                  |     |                   | MMP           |
| 29540  | Strapping; ankle and/or foot   | No                  |     |                   | MMP           |
| 29550  | Strapping; toes  | No                  |     |                   | MMP           |
| 29580  | Strapping; Unna boot   | No                  |     |                   | MMP           |
| 29581  | APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE               | No                  |     |                   | MMP           |
| 29584  | Application of multi-layer compression system; upper arm, forearm, hand, and fingers | No                  |     |                   | MMP           |
| 29700  | Removal or bivalving; gauntlet, boot or body cast                                    | No                  |     |                   | MMP           |
| 29705  | Removal or bivalving; full arm or full leg cast                                      | No                  |     |                   | MMP           |
| 29710  | Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket,              | No                  |     |                   | MMP           |
| 29720  | Repair of spica, body cast or jacket   | No                  |     |                   | MMP           |
| 29730  | Windowing of cast  | No                  |     |                   | MMP           |
| 29740  | Wedging of cast (except clubfoot casts)  | No                  |     |                   | MMP           |
| 29750  | Wedging of clubfoot cast   | No                  |     |                   | MMP           |
| 29799  | UNLISTED PROCEDURE, CASTING OR STRAPPING   | Yes                 |     |                   | MMP           |
| 29800  | Arthroscopy, temporomandibular joint, diagnostic, with or without                    | No                  |     |                   | MMP           |
| 29804  | Arthroscopy, temporomandibular joint, surgical                                       | No                  |     |                   | MMP           |
| 29805  | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy                   | No                  |     |                   | MMP           |
| 29806  | Arthroscopy, shoulder, surgical; capsulorrhaphy                                      | No                  |     |                   | MMP           |
| 29807  | Arthroscopy, shoulder, surgical; repair of SLAP lesion                               | No                  |     |                   | MMP           |
| 29819  | Arthroscopy, shoulder, surgical; with removal of loose body or foreign               | No                  |     |                   | MMP           |



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| 29820  | Arthroscopy, shoulder, surgical; synovectomy, partial   | No                  |     |                   | MMP           |
| 29821  | Arthroscopy, shoulder, surgical; synovectomy, complete  | No                  |     |                   | MMP           |
| 29822  | Arthroscopy, shoulder, surgical; debridement, limited   | No                  |     |                   | MMP           |
| 29823  | Arthroscopy, shoulder, surgical; debridement, extensive   | No                  |     |                   | MMP           |
| 29824  | Arthroscopy, shoulder, surgical; distal claviclectomy including distal  | No                  |     |                   | MMP           |
| 29825  | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions,   | No                  |     |                   | MMP           |
| 29826  | Arthroscopy, shoulder, surgical; decompression of subacromial space   | No                  |     |                   | MMP           |
| 29827  | Arthroscopy, shoulder, surgical; with rotator cuff repair   | No                  |     |                   | MMP           |
| 29828  | ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS   | No                  |     |                   | MMP           |
| 29830  | Arthroscopy, elbow, diagnostic, with or without synovial biopsy   | No                  |     |                   | MMP           |
| 29834  | Arthroscopy, elbow, surgical; with removal of loose body or foreign body  | No                  |     |                   | MMP           |
| 29835  | Arthroscopy, elbow, surgical; synovectomy, partial  | No                  |     |                   | MMP           |
| 29836  | Arthroscopy, elbow, surgical; synovectomy, complete   | No                  |     |                   | MMP           |
| 29837  | Arthroscopy, elbow, surgical; debridement, limited  | No                  |     |                   | MMP           |
| 29838  | Arthroscopy, elbow, surgical; debridement, extensive  | No                  |     |                   | MMP           |
| 29840  | Arthroscopy, wrist, diagnostic, with or without synovial biopsy   | No                  |     |                   | MMP           |
| 29843  | Arthroscopy, wrist, surgical; for infection, lavage and drainage  | No                  |     |                   | MMP           |
| 29844  | Arthroscopy, wrist, surgical; synovectomy, partial  | No                  |     |                   | MMP           |
| 29845  | Arthroscopy, wrist, surgical; synovectomy, complete   | No                  |     |                   | MMP           |
| 29846  | Arthroscopy, wrist, surgical; excision and/or repair of triangular  | No                  |     |                   | MMP           |
| 29847  | Arthroscopy, wrist, surgical; internal fixation for fracture or   | No                  |     |                   | MMP           |
| 29848  | Endoscopy, wrist, surgical, with release of transverse carpal ligament  | No                  |     |                   | MMP           |
| 29850  | Arthroscopically aided treatment of intercondylar spine(s) and/or   | No                  |     |                   | MMP           |
| 29851  | Arthroscopically aided treatment of intercondylar spine(s) and/or   | No                  |     |                   | MMP           |
| 29855  | Arthroscopically aided treatment of tibial fracture, proximal (plateau);  | No                  |     |                   | MMP           |
| 29856  | Arthroscopically aided treatment of tibial fracture, proximal (plateau);  | No                  |     |                   | MMP           |
| 29860  | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate  | No                  |     |                   | MMP           |
| 29861  | Arthroscopy, hip, surgical; with removal of loose body or foreign body  | No                  |     |                   | MMP           |
| 29862  | Arthroscopy, hip, surgical; with debridement/shaving of articular   | No                  |     |                   | MMP           |
| 29863  | Arthroscopy, hip, surgical; with synovectomy  | No                  |     |                   | MMP           |
| 29866  | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT) | No                  |     |                   | MMP           |
| 29867  | ARTHROSCOPY, KNEE; SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 29868  | ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL              | No                  |     |                   | MMP           |
| 29870  | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate   | No                  |     |                   | MMP           |
| 29871  | ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE  | No                  |     |                   | MMP           |
| 29873  | Arthroscopy, knee, surgical; with lateral release  | No                  |     |                   | MMP           |
| 29874  | ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAG | No                  |     |                   | MMP           |
| 29875  | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf  | No                  |     |                   | MMP           |
| 29876  | Arthroscopy, knee, surgical; synovectomy, major, two or more   | No                  |     |                   | MMP           |
| 29877  | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)  | No                  |     |                   | MMP           |
| 29879  | ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE                               | No                  |     |                   | MMP           |
| 29880  | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral,  | No                  |     |                   | MMP           |
| 29881  | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral,   | No                  |     |                   | MMP           |
| 29882  | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)  | No                  |     |                   | MMP           |
| 29883  | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)   | No                  |     |                   | MMP           |
| 29884  | Arthroscopy, knee, surgical; with lysis of adhesions, with or without  | No                  |     |                   | MMP           |
| 29885  | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with   | No                  |     |                   | MMP           |
| 29886  | Arthroscopy, knee, surgical; drilling for intact osteochondritis   | No                  |     |                   | MMP           |
| 29887  | Arthroscopy, knee, surgical; drilling for intact osteochondritis   | No                  |     |                   | MMP           |
| 29888  | Arthroscopically aided anterior cruciate ligament repair/augmentation or   | No                  |     |                   | MMP           |
| 29889  | Arthroscopically aided posterior cruciate ligament repair/augmentation   | No                  |     |                   | MMP           |
| 29891  | Arthroscopy, ankle, surgical, excision of osteochondral defect of talus  | No                  |     |                   | MMP           |
| 29892  | Arthroscopically aided repair of large osteochondritis dissecans lesion,   | No                  |     |                   | MMP           |
| 29893  | Endoscopic plantar fasciotomy  | No                  |     |                   | MMP           |
| 29894  | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with   | No                  |     |                   | MMP           |
| 29895  | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical;  | No                  |     |                   | MMP           |
| 29897  | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical;  | No                  |     |                   | MMP           |
| 29898  | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical;  | No                  |     |                   | MMP           |
| 29899  | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with   | No                  |     |                   | MMP           |
| 29900  | Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 29901  | Arthroscopy, metacarpophalangeal joint, surgical; with debridement  | No                  |     |                   | MMP           |
| 29902  | Arthroscopy, metacarpophalangeal joint, surgical; with reduction of   | No                  |     |                   | MMP           |
| 29904  | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY   | No                  |     |                   | MMP           |
| 29905  | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY   | No                  |     |                   | MMP           |
| 29906  | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT   | No                  |     |                   | MMP           |
| 29907  | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS  | No                  |     |                   | MMP           |
| 29914  | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)   | No                  |     |                   | MMP           |
| 29915  | Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)   | No                  |     |                   | MMP           |
| 29916  | Arthroscopy, hip, surgical; with labral repair  | No                  |     |                   | MMP           |
| 29999  | UNLISTED ARTHROSCOPY PROCEDURE  | Yes                 |     |                   | MMP           |
| 30000  | Drainage abscess or hematoma, nasal, internal approach  | No                  |     |                   | MMP           |
| 30020  | Drainage abscess or hematoma, nasal septum  | No                  |     |                   | MMP           |
| 30100  | Biopsy, intranasal  | No                  |     |                   | MMP           |
| 30110  | Excision, nasal polyp(s), simple  | No                  |     |                   | MMP           |
| 30115  | Excision, nasal polyp(s), extensive   | No                  |     |                   | MMP           |
| 30117  | Excision or destruction (eg, laser), intranasal lesion; internal  | No                  |     |                   | MMP           |
| 30118  | Excision or destruction (eg, laser), intranasal lesion; external  | No                  |     |                   | MMP           |
| 30120  | Excision or surgical planing of skin of nose for rhinophyma   | Yes                 |     |                   | MMP           |
| 30124  | Excision dermoid cyst, nose; simple, skin, subcutaneous   | No                  |     |                   | MMP           |
| 30125  | Excision dermoid cyst, nose; complex, under bone or cartilage   | No                  |     |                   | MMP           |
| 30130  | Excision turbinate, partial or complete, any method   | No                  |     |                   | MMP           |
| 30140  | Submucous resection turbinate, partial or complete, any method  | No                  |     |                   | MMP           |
| 30150  | Rhinectomy; partial   | No                  |     |                   | MMP           |
| 30160  | Rhinectomy; total   | No                  |     |                   | MMP           |
| 30200  | Injection into turbinate(s), therapeutic  | No                  |     |                   | MMP           |
| 30210  | Displacement therapy (Proetz type)  | No                  |     |                   | MMP           |
| 30220  | Insertion, nasal septal prosthesis (button)   | No                  |     |                   | MMP           |
| 30300  | Removal foreign body, intranasal; office type procedure   | No                  |     |                   | MMP           |
| 30310  | REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA  | No                  |     |                   | MMP           |
| 30320  | REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY  | No                  |     |                   | MMP           |
| 30400  | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP   | Yes                 |     |                   | MMP           |
| 30410  | RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP | Yes                 |     |                   | MMP           |
| 30420  | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR   | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 30430  | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)  | Yes                 |     |                   | MMP           |
| 30435  | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)   | Yes                 |     |                   | MMP           |
| 30450  | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)  | Yes                 |     |                   | MMP           |
| 30460  | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY        | Yes                 |     |                   | MMP           |
| 30462  | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OS | Yes                 |     |                   | MMP           |
| 30465  | REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)                                     | Yes                 |     |                   | MMP           |
| 30520  | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT                        | Yes                 |     |                   | MMP           |
| 30540  | Repair choanal atresia; intranasal   | No                  |     |                   | MMP           |
| 30545  | Repair choanal atresia; transpalatine  | No                  |     |                   | MMP           |
| 30560  | Lysis intranasal synechia  | No                  |     |                   | MMP           |
| 30580  | Repair fistula; oromaxillary (combine with 31030 if antrotomy is   | No                  |     |                   | MMP           |
| 30600  | Repair fistula; oronasal   | No                  |     |                   | MMP           |
| 30620  | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)  | No                  |     |                   | MMP           |
| 30630  | Repair nasal septal perforations   | No                  |     |                   | MMP           |
| 30801  | Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral,  | No                  |     |                   | MMP           |
| 30802  | Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral,  | No                  |     |                   | MMP           |
| 30901  | Control nasal hemorrhage, anterior, simple (limited cautery and/or   | No                  |     |                   | MMP           |
| 30903  | Control nasal hemorrhage, anterior, complex (extensive cautery and/or  | No                  |     |                   | MMP           |
| 30905  | Control nasal hemorrhage, posterior, with posterior nasal packs and/or   | No                  |     |                   | MMP           |
| 30906  | Control nasal hemorrhage, posterior, with posterior nasal packs and/or   | No                  |     |                   | MMP           |
| 30915  | Ligation arteries; ethmoidal   | No                  |     |                   | MMP           |
| 30920  | Ligation arteries; internal maxillary artery, transantral  | No                  |     |                   | MMP           |
| 30930  | Fracture nasal turbinate(s), therapeutic   | No                  |     |                   | MMP           |
| 30999  | UNLISTED PROCEDURE, NOSE   | Yes                 |     |                   | MMP           |
| 31000  | Lavage by cannulation; maxillary sinus (antrum puncture or natural   | No                  |     |                   | MMP           |
| 31002  | Lavage by cannulation; sphenoid sinus  | No                  |     |                   | MMP           |
| 31020  | Sinusotomy, maxillary (antrotomy); intranasal  | No                  |     |                   | MMP           |
| 31030  | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without  | No                  |     |                   | MMP           |
| 31032  | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal   | No                  |     |                   | MMP           |
| 31040  | Pterygomaxillary fossa surgery, any approach   | No                  |     |                   | MMP           |
| 31050  | Sinusotomy, sphenoid, with or without biopsy;  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 31051  | Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or  | No                  |     |                   | MMP           |
| 31070  | Sinusotomy frontal; external, simple (trephine operation)  | No                  |     |                   | MMP           |
| 31075  | Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma,   | No                  |     |                   | MMP           |
| 31080  | Sinusotomy frontal; obliterative without osteoplastic flap, brow   | No                  |     |                   | MMP           |
| 31081  | Sinusotomy frontal; obliterative, without osteoplastic flap, coronal   | No                  |     |                   | MMP           |
| 31084  | Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision  | No                  |     |                   | MMP           |
| 31085  | Sinusotomy frontal; obliterative, with osteoplastic flap, coronal  | No                  |     |                   | MMP           |
| 31086  | Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow  | No                  |     |                   | MMP           |
| 31087  | Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal   | No                  |     |                   | MMP           |
| 31090  | Sinusotomy, unilateral, three or more paranasal sinuses (frontal,  | No                  |     |                   | MMP           |
| 31200  | Ethmoidectomy; intranasal, anterior  | No                  |     |                   | MMP           |
| 31201  | Ethmoidectomy; intranasal, total   | No                  |     |                   | MMP           |
| 31205  | Ethmoidectomy; extranasal, total   | No                  |     |                   | MMP           |
| 31225  | Maxillectomy; without orbital exenteration   | No                  |     |                   | MMP           |
| 31230  | Maxillectomy; with orbital exenteration (en bloc)  | No                  |     |                   | MMP           |
| 31231  | Nasal endoscopy, diagnostic, unilateral or bilateral (separate   | No                  |     |                   | MMP           |
| 31233  | Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via  | No                  |     |                   | MMP           |
| 31235  | Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via   | No                  |     |                   | MMP           |
| 31237  | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or   | No                  |     |                   | MMP           |
| 31238  | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage  | No                  |     |                   | MMP           |
| 31239  | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy  | No                  |     |                   | MMP           |
| 31240  | Nasal/sinus endoscopy, surgical; with concha bullosa resection   | No                  |     |                   | MMP           |
| 31241  | Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery  | No                  |     |                   | MMP           |
| 31253  | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed | No                  |     |                   | MMP           |
| 31254  | Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)  | No                  |     |                   | MMP           |
| 31255  | Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and   | No                  |     |                   | MMP           |
| 31256  | Nasal/sinus endoscopy, surgical, with maxillary antrostomy;  | No                  |     |                   | MMP           |
| 31257  | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy  | No                  |     |                   | MMP           |
| 31259  | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus                        | No                  |     |                   | MMP           |
| 31267  | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal   | No                  |     |                   | MMP           |
| 31276  | Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 31287  | Nasal/sinus endoscopy, surgical, with sphenoidotomy;  | No                  |     |                   | MMP           |
| 31288  | Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of  | No                  |     |                   | MMP           |
| 31290  | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid   | No                  |     |                   | MMP           |
| 31291  | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid   | No                  |     |                   | MMP           |
| 31292  | Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall   | No                  |     |                   | MMP           |
| 31293  | Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior  | No                  |     |                   | MMP           |
| 31294  | Nasal/sinus endoscopy, surgical; with optic nerve decompression   | No                  |     |                   | MMP           |
| 31295  | Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa | No                  |     |                   | MMP           |
| 31296  | Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)                                   | No                  |     |                   | MMP           |
| 31297  | Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)                                  | No                  |     |                   | MMP           |
| 31298  | Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)                       | No                  |     |                   | MMP           |
| 31299  | UNLISTED PROCEDURE, ACCESSORY SINUSES   | Yes                 |     |                   | MMP           |
| 31300  | Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or   | No                  |     |                   | MMP           |
| 31360  | Laryngectomy; total, without radical neck dissection  | No                  |     |                   | MMP           |
| 31365  | Laryngectomy; total, with radical neck dissection   | No                  |     |                   | MMP           |
| 31367  | Laryngectomy; subtotal supraglottic, without radical neck dissection  | No                  |     |                   | MMP           |
| 31368  | Laryngectomy; subtotal supraglottic, with radical neck dissection   | No                  |     |                   | MMP           |
| 31370  | Partial laryngectomy (hemilaryngectomy); horizontal   | No                  |     |                   | MMP           |
| 31375  | Partial laryngectomy (hemilaryngectomy); laterovertical   | No                  |     |                   | MMP           |
| 31380  | Partial laryngectomy (hemilaryngectomy); anterovertical   | No                  |     |                   | MMP           |
| 31382  | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical   | No                  |     |                   | MMP           |
| 31390  | Pharyngolaryngectomy, with radical neck dissection; without   | No                  |     |                   | MMP           |
| 31395  | Pharyngolaryngectomy, with radical neck dissection; with reconstruction   | No                  |     |                   | MMP           |
| 31400  | Arytenoidectomy or arytenoidopexy, external approach  | No                  |     |                   | MMP           |
| 31420  | Epiglottidectomy  | No                  |     |                   | MMP           |
| 31500  | Intubation, endotracheal, emergency procedure   | No                  |     |                   | MMP           |
| 31502  | Tracheotomy tube change prior to establishment of fistula tract   | No                  |     |                   | MMP           |
| 31505  | Laryngoscopy, indirect; diagnostic (separate procedure)   | No                  |     |                   | MMP           |
| 31510  | Laryngoscopy, indirect; with biopsy   | No                  |     |                   | MMP           |
| 31511  | Laryngoscopy, indirect; with removal of foreign body  | No                  |     |                   | MMP           |
| 31512  | Laryngoscopy, indirect; with removal of lesion  | No                  |     |                   | MMP           |
| 31513  | Laryngoscopy, indirect; with vocal cord injection   | No                  |     |                   | MMP           |
| 31515  | Laryngoscopy direct, with or without tracheoscopy; for aspiration   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 31520  | Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn  | No                  |     |                   | MMP           |
| 31525  | Laryngoscopy direct, with or without tracheoscopy; diagnostic, except   | No                  |     |                   | MMP           |
| 31526  | Laryngoscopy direct, with or without tracheoscopy; diagnostic, with   | No                  |     |                   | MMP           |
| 31527  | Laryngoscopy direct, with or without tracheoscopy; with insertion of  | No                  |     |                   | MMP           |
| 31528  | Laryngoscopy direct, with or without tracheoscopy; with dilation,   | No                  |     |                   | MMP           |
| 31529  | Laryngoscopy direct, with or without tracheoscopy; with dilation,   | No                  |     |                   | MMP           |
| 31530  | Laryngoscopy, direct, operative, with foreign body removal;   | No                  |     |                   | MMP           |
| 31531  | Laryngoscopy, direct, operative, with foreign body removal; with  | No                  |     |                   | MMP           |
| 31535  | Laryngoscopy, direct, operative, with biopsy;   | No                  |     |                   | MMP           |
| 31536  | Laryngoscopy, direct, operative, with biopsy; with operating microscope   | No                  |     |                   | MMP           |
| 31540  | Laryngoscopy, direct, operative, with excision of tumor and/or stripping  | No                  |     |                   | MMP           |
| 31541  | Laryngoscopy, direct, operative, with excision of tumor and/or stripping  | No                  |     |                   | MMP           |
| 31545  | Laryngoscopy, direct, operative, with operating microscope or   | No                  |     |                   | MMP           |
| 31546  | Laryngoscopy, direct, operative, with operating microscope or   | No                  |     |                   | MMP           |
| 31551  | Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age   | No                  |     |                   | MMP           |
| 31552  | Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older  | No                  |     |                   | MMP           |
| 31553  | Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age  | No                  |     |                   | MMP           |
| 31554  | Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older   | No                  |     |                   | MMP           |
| 31560  | Laryngoscopy, direct, operative, with arytenoidectomy;  | No                  |     |                   | MMP           |
| 31561  | Laryngoscopy, direct, operative, with arytenoidectomy; with operating   | No                  |     |                   | MMP           |
| 31570  | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;   | No                  |     |                   | MMP           |
| 31571  | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;   | No                  |     |                   | MMP           |
| 31572  | Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral  | No                  |     |                   | MMP           |
| 31573  | Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral | No                  |     |                   | MMP           |
| 31574  | Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral  | No                  |     |                   | MMP           |
| 31575  | Laryngoscopy, flexible fiberoptic; diagnostic   | No                  |     |                   | MMP           |
| 31576  | Laryngoscopy, flexible fiberoptic; with biopsy  | No                  |     |                   | MMP           |
| 31577  | Laryngoscopy, flexible fiberoptic; with removal of foreign body   | No                  |     |                   | MMP           |
| 31578  | Laryngoscopy, flexible fiberoptic; with removal of lesion   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 31579  | Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy   | No                  |     |                   | MMP           |
| 31580  | Laryngoplasty; for laryngeal web, two stage, with keel insertion and   | No                  |     |                   | MMP           |
| 31584  | Laryngoplasty; with open reduction of fracture   | No                  |     |                   | MMP           |
| 31587  | Laryngoplasty, cricoid split   | No                  |     |                   | MMP           |
| 31590  | Laryngeal reinnervation by neuromuscular pedicle   | No                  |     |                   | MMP           |
| 31591  | Laryngoplasty, medialization, unilateral   | No                  |     |                   | MMP           |
| 31592  | Cricotracheal resection  | No                  |     |                   | MMP           |
| 31595  | Section recurrent laryngeal nerve, therapeutic (separate procedure),   | No                  |     |                   | MMP           |
| 31599  | UNLISTED PROCEDURE, LARYNX   | Yes                 |     |                   | MMP           |
| 31600  | Tracheostomy, planned (separate procedure);  | No                  |     |                   | MMP           |
| 31601  | Tracheostomy, planned (separate procedure); under two years  | No                  |     |                   | MMP           |
| 31603  | Tracheostomy, emergency procedure; transtracheal   | No                  |     |                   | MMP           |
| 31605  | Tracheostomy, emergency procedure; cricothyroid membrane   | No                  |     |                   | MMP           |
| 31610  | Tracheostomy, fenestration procedure with skin flaps   | No                  |     |                   | MMP           |
| 31611  | Construction of tracheoesophageal fistula and subsequent insertion of an   | No                  |     |                   | MMP           |
| 31612  | Tracheal puncture, percutaneous with transtracheal aspiration and/or   | No                  |     |                   | MMP           |
| 31613  | Tracheostoma revision; simple, without flap rotation   | No                  |     |                   | MMP           |
| 31614  | Tracheostoma revision; complex, with flap rotation   | No                  |     |                   | MMP           |
| 31615  | Tracheobronchoscopy through established tracheostomy incision  | No                  |     |                   | MMP           |
| 31622  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31623  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31624  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31625  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31626  | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN DONE; W/PLACEMENT FIDUCIAL MARKERS, SINGLE OR MULTIPLE | No                  |     |                   | MMP           |
| 31627  | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCL FLUOROSCOPIC GUIDANCE, WHEN DONE; WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION  | No                  |     |                   | MMP           |
| 31628  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31629  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31630  | Bronchoscopy, rigid or flexible, with or without fluoroscopic  | No                  |     |                   | MMP           |
| 31631  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31632  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31633  | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |



**Services that require Prior Authorization List**

| Code  | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--|---------------------|-----|-------------------|---------------|
| 31634 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed  | No                  |     |                   | MMP           |
| 31635 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31636 | Bronchoscopy, rigid or flexible, with or without fluoroscopic  | No                  |     |                   | MMP           |
| 31637 | Bronchoscopy, rigid or flexible, with or without fluoroscopic  | No                  |     |                   | MMP           |
| 31638 | Bronchoscopy, rigid or flexible, with or without fluoroscopic  | No                  |     |                   | MMP           |
| 31640 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance;  | No                  |     |                   | MMP           |
| 31641 | Bronchoscopy, (rigid or flexible); with destruction of tumor or relief   | No                  |     |                   | MMP           |
| 31643 | Bronchoscopy, (rigid or flexible); with placement of catheter(s) for   | No                  |     |                   | MMP           |
| 31645 | Bronchoscopy, (rigid or flexible); with therapeutic aspiration of  | No                  |     |                   | MMP           |
| 31646 | Bronchoscopy, (rigid or flexible); with therapeutic aspiration of  | No                  |     |                   | MMP           |
| 31647 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe   | No                  |     |                   | MMP           |
| 31648 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe   | No                  |     |                   | MMP           |
| 31649 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 31651 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])  | No                  |     |                   | MMP           |
| 31652 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) with endobronchial ultrasound (EBUS) guided transtracheal and or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures | No                  |     |                   | MMP           |
| 31653 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) with endobronchial ultrasound (EBUS) guided transtracheal and. Or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 31654  | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) with endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) | No                  |     |                   | MMP           |
| 31660  | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe  | No                  |     |                   | MMP           |
| 31661  | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes   | No                  |     |                   | MMP           |
| 31717  | Catheterization with bronchial brush biopsy  | No                  |     |                   | MMP           |
| 31720  | Catheter aspiration (separate procedure); nasotracheal   | No                  |     |                   | MMP           |
| 31725  | Catheter aspiration (separate procedure); tracheobronchial with  | No                  |     |                   | MMP           |
| 31730  | Transtracheal (percutaneous) introduction of needle wire dilator/stent   | No                  |     |                   | MMP           |
| 31750  | Tracheoplasty; cervical  | No                  |     |                   | MMP           |
| 31755  | Tracheoplasty; tracheopharyngeal fistulization, each stage   | No                  |     |                   | MMP           |
| 31760  | Tracheoplasty; intrathoracic   | No                  |     |                   | MMP           |
| 31766  | Carinal reconstruction   | No                  |     |                   | MMP           |
| 31770  | Bronchoplasty; graft repair  | No                  |     |                   | MMP           |
| 31775  | Bronchoplasty; excision stenosis and anastomosis   | No                  |     |                   | MMP           |
| 31780  | Excision tracheal stenosis and anastomosis; cervical   | No                  |     |                   | MMP           |
| 31781  | Excision tracheal stenosis and anastomosis; cervicothoracic  | No                  |     |                   | MMP           |
| 31785  | Excision of tracheal tumor or carcinoma; cervical  | No                  |     |                   | MMP           |
| 31786  | Excision of tracheal tumor or carcinoma; thoracic  | No                  |     |                   | MMP           |
| 31800  | Suture of tracheal wound or injury; cervical   | No                  |     |                   | MMP           |
| 31805  | Suture of tracheal wound or injury; intrathoracic  | No                  |     |                   | MMP           |
| 31820  | Surgical closure tracheostomy or fistula; without plastic repair   | No                  |     |                   | MMP           |
| 31825  | Surgical closure tracheostomy or fistula; with plastic repair  | No                  |     |                   | MMP           |
| 31830  | Revision of tracheostomy scar  | No                  |     |                   | MMP           |
| 31899  | UNLISTED PROCEDURE, TRACHEA, BRONCHI   | Yes                 |     |                   | MMP           |
| 32035  | Thoracostomy; with rib resection for empyema   | No                  |     |                   | MMP           |
| 32036  | Thoracostomy; with open flap drainage for empyema  | No                  |     |                   | MMP           |
| 32096  | Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral   | No                  |     |                   | MMP           |
| 32097  | Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral   | No                  |     |                   | MMP           |
| 32098  | Thoracotomy, with biopsy(ies) of pleura  | No                  |     |                   | MMP           |
| 32100  | Thoracotomy, major; with exploration and biopsy  | No                  |     |                   | MMP           |
| 32110  | Thoracotomy, major; with control of traumatic hemorrhage and/or repair   | No                  |     |                   | MMP           |
| 32120  | Thoracotomy, major; for postoperative complications  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 32124  | Thoracotomy, major; with open intrapleural pneumonolysis   | No                  |     |                   | MMP           |
| 32140  | Thoracotomy, major; with cyst(s) removal, with or without a pleural  | No                  |     |                   | MMP           |
| 32141  | Thoracotomy, major; with excision-plication of bullae, with or without   | No                  |     |                   | MMP           |
| 32150  | Thoracotomy, major; with removal of intrapleural foreign body or fibrin  | No                  |     |                   | MMP           |
| 32151  | Thoracotomy, major; with removal of intrapulmonary foreign body  | No                  |     |                   | MMP           |
| 32160  | Thoracotomy, major; with cardiac massage   | No                  |     |                   | MMP           |
| 32200  | PNEUMONOSTOMY; WITH OPEN DRAINAGE OF ABSCESS OR CYST   | No                  |     |                   | MMP           |
| 32215  | Pleural scarification for repeat pneumothorax  | No                  |     |                   | MMP           |
| 32220  | Decortication, pulmonary (separate procedure); total   | No                  |     |                   | MMP           |
| 32225  | Decortication, pulmonary (separate procedure); partial   | No                  |     |                   | MMP           |
| 32310  | Pleurectomy, parietal (separate procedure)   | No                  |     |                   | MMP           |
| 32320  | Decortication and parietal pleurectomy   | No                  |     |                   | MMP           |
| 32400  | Biopsy, pleura; percutaneous needle  | No                  |     |                   | MMP           |
| 32405  | Biopsy, lung or mediastinum, percutaneous needle   | No                  |     |                   | MMP           |
| 32440  | Removal of lung, total pneumonectomy;  | No                  |     |                   | MMP           |
| 32442  | Removal of lung, total pneumonectomy; with resection of segment of   | No                  |     |                   | MMP           |
| 32445  | Removal of lung, total pneumonectomy; extrapleural   | No                  |     |                   | MMP           |
| 32480  | Removal of lung, other than total pneumonectomy; single lobe   | No                  |     |                   | MMP           |
| 32482  | Removal of lung, other than total pneumonectomy; two lobes   | No                  |     |                   | MMP           |
| 32484  | Removal of lung, other than total pneumonectomy; single segment  | No                  |     |                   | MMP           |
| 32486  | Removal of lung, other than total pneumonectomy; with circumferential  | No                  |     |                   | MMP           |
| 32488  | Removal of lung, other than total pneumonectomy; all remaining lung  | No                  |     |                   | MMP           |
| 32491  | REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BULLOUS) FOR LUNG VO                                      | No                  |     |                   | MMP           |
| 32501  | Resection and repair of portion of bronchus (bronchoplasty) when   | No                  |     |                   | MMP           |
| 32503  | RESECTION OF APICAL LUNG TUMOR (EG PANCOAST TUMOR) INCLD CHEST WALL RESECTION, RIB(S) RESECTION(S) NEUROVASCULAR DISSECTION, WHEN                                      | No                  |     |                   | MMP           |
| 32504  | RESECTION OF APICAL LUNG TUMOR (EG PANCOAST TUMOR) INCLD CHEST WALL RESECTION, RIB(S) RESECTION(S) NEUROVASCULAR DISSECTION, WHEN                                      | No                  |     |                   | MMP           |
| 32505  | Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial  | No                  |     |                   | MMP           |
| 32506  | Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 32507  | Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 32540  | Extrapleural enucleation of empyema (empyemectomy)   | No                  |     |                   | MMP           |
| 32550  | INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF  | No                  |     |                   | MMP           |
| 32551  | TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)                           | No                  |     |                   | MMP           |
| 32552  | REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF  | No                  |     |                   | MMP           |
| 32553  | PLACE INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC; 1 OR>           | No                  |     |                   | MMP           |
| 32554  | Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance   | No                  |     |                   | MMP           |
| 32555  | Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance  | No                  |     |                   | MMP           |
| 32556  | Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance  | No                  |     |                   | MMP           |
| 32557  | Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance   | No                  |     |                   | MMP           |
| 32560  | CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)  | No                  |     |                   | MMP           |
| 32561  | INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENTFOR BREAKUP OF MULTILOCULATE...); INITIAL               | No                  |     |                   | MMP           |
| 32562  | INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENTFOR BREAKUP OF MULTILOCULA...); SUBSEQUENT DAY          | No                  |     |                   | MMP           |
| 32601  | Thoracoscopy, diagnostic (separate procedure); lungs and pleural space,  | No                  |     |                   | MMP           |
| 32604  | Thoracoscopy, diagnostic (separate procedure); pericardial sac, with   | No                  |     |                   | MMP           |
| 32606  | Thoracoscopy, diagnostic (separate procedure); mediastinal space, with   | No                  |     |                   | MMP           |
| 32607  | Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral  | No                  |     |                   | MMP           |
| 32608  | Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral                                  | No                  |     |                   | MMP           |
| 32609  | Thoracoscopy; with biopsy(ies) of pleura   | No                  |     |                   | MMP           |
| 32650  | Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)  | No                  |     |                   | MMP           |
| 32651  | Thoracoscopy, surgical; with partial pulmonary decortication   | No                  |     |                   | MMP           |
| 32652  | Thoracoscopy, surgical; with total pulmonary decortication, including  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 32653  | Thoracoscopy, surgical; with removal of intrapleural foreign body or   | No                  |     |                   | MMP           |
| 32654  | Thoracoscopy, surgical; with control of traumatic hemorrhage   | No                  |     |                   | MMP           |
| 32655  | Thoracoscopy, surgical; with excision-plication of bullae, including any   | No                  |     |                   | MMP           |
| 32656  | Thoracoscopy, surgical; with parietal pleurectomy  | No                  |     |                   | MMP           |
| 32658  | Thoracoscopy, surgical; with removal of clot or foreign body from  | No                  |     |                   | MMP           |
| 32659  | Thoracoscopy, surgical; with creation of pericardial window or partial   | No                  |     |                   | MMP           |
| 32661  | Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or   | No                  |     |                   | MMP           |
| 32662  | Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or   | No                  |     |                   | MMP           |
| 32663  | Thoracoscopy, surgical; with lobectomy, total or segmental   | No                  |     |                   | MMP           |
| 32664  | THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY  | No                  |     |                   | MMP           |
| 32665  | Thoracoscopy, surgical; with esophagomyotomy (Heller type)   | No                  |     |                   | MMP           |
| 32666  | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral  | No                  |     |                   | MMP           |
| 32667  | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)            | No                  |     |                   | MMP           |
| 32668  | Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)                                      | No                  |     |                   | MMP           |
| 32669  | Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)  | No                  |     |                   | MMP           |
| 32670  | Thoracoscopy, surgical; with removal of 2 lobes (bilobectomy)  | No                  |     |                   | MMP           |
| 32671  | Thoracoscopy, surgical; with removal of lung (pneumonectomy)   | No                  |     |                   | MMP           |
| 32672  | Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed | No                  |     |                   | MMP           |
| 32673  | Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral  | No                  |     |                   | MMP           |
| 32674  | Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 32701  | Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment   | No                  |     |                   | MMP           |
| 32800  | Repair lung hernia through chest wall  | No                  |     |                   | MMP           |
| 32810  | Closure of chest wall following open flap drainage for empyema (Clagett)   | No                  |     |                   | MMP           |
| 32815  | Open closure of major bronchial fistula  | No                  |     |                   | MMP           |
| 32820  | Major reconstruction, chest wall (posttraumatic)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 32850  | DONOR PNEUMONECTOMY(IES) (INCLUDING COLD PRESERVATION) FROM CADAVER DONOR   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 32851  | LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS   | Yes                 |                       |                   | MMP           |
| 32852  | LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS  | Yes                 |                       |                   | MMP           |
| 32853  | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS   | Yes                 |                       |                   | MMP           |
| 32854  | LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS  | Yes                 |                       |                   | MMP           |
| 32855  | BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANT; INCL DISSECTION FROM SURROUNDING SOFT TISS...UNILAT  | Yes                 |                       |                   | MMP           |
| 32856  | BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANT; INCL DISSECTION FROM SURROUNDING SOFT TISS...BILATERA  | Yes                 |                       |                   | MMP           |
| 32900  | Resection of ribs, extrapleural, all stages   | No                  |                       |                   | MMP           |
| 32905  | Thoracoplasty, Schede type or extrapleural (all stages);  | No                  |                       |                   | MMP           |
| 32906  | Thoracoplasty, Schede type or extrapleural (all stages); with closure of  | No                  |                       |                   | MMP           |
| 32940  | Pneumonolysis, extraperiosteal, including filling or packing procedures   | No                  |                       |                   | MMP           |
| 32960  | Pneumothorax, therapeutic, intrapleural injection of air  | No                  |                       |                   | MMP           |
| 32994  | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation <b>termed code 0340T</b> | No                  |                       |                   | MMP           |
| 32997  | Total lung lavage (unilateral)  | No                  |                       |                   | MMP           |
| 32998  | ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) INCL PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EX   | No                  |                       |                   | MMP           |
| 32999  | UNLISTED PROCEDURE, LUNGS AND PLEURA  | Yes                 |                       |                   | MMP           |
| 33010  | Pericardiocentesis; initial   | No                  |                       |                   | MMP           |
| 33011  | Pericardiocentesis; subsequent  | No                  |                       |                   | MMP           |
| 33015  | Tube pericardiostomy  | No                  |                       |                   | MMP           |
| 33020  | Pericardiectomy for removal of clot or foreign body (primary procedure)   | No                  |                       |                   | MMP           |
| 33025  | Creation of pericardial window or partial resection for drainage  | No                  |                       |                   | MMP           |
| 33030  | Pericardiectomy, subtotal or complete; without cardiopulmonary bypass   | No                  |                       |                   | MMP           |
| 33031  | Pericardiectomy, subtotal or complete; with cardiopulmonary bypass  | No                  |                       |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33050  | Excision of pericardial cyst or tumor  | No                  |     |                   | MMP           |
| 33120  | Excision of intracardiac tumor, resection with cardiopulmonary bypass  | No                  |     |                   | MMP           |
| 33130  | Resection of external cardiac tumor  | No                  |     |                   | MMP           |
| 33140  | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)   | No                  |     |                   | MMP           |
| 33141  | PERFORMED ST THE TIME OF OTHER OPEN CARDIAC PROCEDURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | No                  |     |                   | MMP           |
| 33202  | INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION  | No                  |     |                   | MMP           |
| 33203  | INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH  | No                  |     |                   | MMP           |
| 33206  | Insertion or replacement of permanent pacemaker with transvenous   | No                  |     |                   | MMP           |
| 33207  | Insertion or replacement of permanent pacemaker with transvenous   | No                  |     |                   | MMP           |
| 33208  | Insertion or replacement of permanent pacemaker with transvenous   | No                  |     |                   | MMP           |
| 33210  | Insertion or replacement of temporary transvenous single chamber   | No                  |     |                   | MMP           |
| 33211  | Insertion or replacement of temporary transvenous dual chamber pacing  | No                  |     |                   | MMP           |
| 33212  | Insertion or replacement of pacemaker pulse generator only; single   | No                  |     |                   | MMP           |
| 33213  | Insertion or replacement of pacemaker pulse generator only; dual   | No                  |     |                   | MMP           |
| 33214  | Upgrade of implanted pacemaker system, conversion of single chamber  | No                  |     |                   | MMP           |
| 33215  | Repositioning of previously implanted transvenous pacemaker or pacing  | No                  |     |                   | MMP           |
| 33216  | Insertion of a transvenous electrode; single chamber (one electrode)   | Yes                 |     |                   | MMP           |
| 33217  | Insertion of a transvenous electrode; dual chamber (two electrodes)  | Yes                 |     |                   | MMP           |
| 33218  | Repair of single transvenous electrode for a single chamber, permanent   | No                  |     |                   | MMP           |
| 33220  | Repair of two transvenous electrodes for a dual chamber permanent  | No                  |     |                   | MMP           |
| 33221  | Insertion of pacemaker pulse generator only; with existing multiple leads  | No                  |     |                   | MMP           |
| 33222  | Revision or relocation of skin pocket for pacemaker  | No                  |     |                   | MMP           |
| 33223  | REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR                                 | No                  |     |                   | MMP           |
| 33224  | Insertion of pacing electrode, cardiac venous system, for left   | Yes                 |     |                   | MMP           |
| 33225  | Insertion of pacing electrode, cardiac venous system, for left   | Yes                 |     |                   | MMP           |
| 33226  | Repositioning of previously implanted cardiac venous system (left  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33227  | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system                   | No                  |     |                   | MMP           |
| 33228  | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system                     | No                  |     |                   | MMP           |
| 33229  | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system                 | No                  |     |                   | MMP           |
| 33230  | Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads                                      | Yes                 |     |                   | MMP           |
| 33231  | Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads                                  | Yes                 |     |                   | MMP           |
| 33233  | Removal of permanent pacemaker pulse generator   | No                  |     |                   | MMP           |
| 33234  | Removal of transvenous pacemaker electrode(s); single lead system,   | No                  |     |                   | MMP           |
| 33235  | Removal of transvenous pacemaker electrode(s); dual lead system  | No                  |     |                   | MMP           |
| 33236  | Removal of permanent epicardial pacemaker and electrodes by  | No                  |     |                   | MMP           |
| 33237  | Removal of permanent epicardial pacemaker and electrodes by  | No                  |     |                   | MMP           |
| 33238  | Removal of permanent transvenous electrode(s) by thoracotomy   | No                  |     |                   | MMP           |
| 33240  | INSERTION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR  | Yes                 |     |                   | MMP           |
| 33241  | SUBCUTANEOUS REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR                                   | No                  |     |                   | MMP           |
| 33243  | REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE(S); BY THORACOTOMY                                   | No                  |     |                   | MMP           |
| 33244  | REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR ELECTRODE(S); BY TRANSVENOUS EXTRACTION                        | No                  |     |                   | MMP           |
| 33249  | INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR AND INSERTION OF PULS | No                  |     |                   | MMP           |
| 33249  | INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR AND INSERTION OF PULS | No                  |     |                   | MMP           |
| 33249  | INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR AND INSERTION OF PULS | No                  |     |                   | MMP           |
| 33250  | Operative ablation of supraventricular arrhythmogenic focus or pathway   | No                  |     |                   | MMP           |
| 33251  | Operative ablation of supraventricular arrhythmogenic focus or pathway   | No                  |     |                   | MMP           |
| 33254  | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED   | No                  |     |                   | MMP           |
| 33255  | OPERATIVE TISSUE ABLATION OF ATRIA, EXTENSIVE; W/O BYPASS  | No                  |     |                   | MMP           |



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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33256  | OPERATIVE TISSUE ABLATION OF ATRIA, EXTENSIVE W/ BYPASS   | No                  |     |                   | MMP           |
| 33257  | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (EG, MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | No                  |     |                   | MMP           |
| 33258  | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | No                  |     |                   | MMP           |
| 33259  | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | No                  |     |                   | MMP           |
| 33261  | Operative ablation of ventricular arrhythmogenic focus with   | No                  |     |                   | MMP           |
| 33262  | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system  | No                  |     |                   | MMP           |
| 33263  | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system  | No                  |     |                   | MMP           |
| 33264  | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system  | No                  |     |                   | MMP           |
| 33265  | ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION OF ATRIA, LIMITED  | No                  |     |                   | MMP           |
| 33266  | ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION OF ATRIA, EXTENSIVE  | No                  |     |                   | MMP           |
| 33270  | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed | Yes                 |     |                   | MMP           |
| 33271  | Insertion of subcutaneous implantable defibrillator electrode   | Yes                 |     |                   | MMP           |
| 33272  | Removal of subcutaneous implantable defibrillator electrode   | No                  |     |                   | MMP           |
| 33273  | Repositioning of previously implanted subcutaneous implantable defibrillator electrode  | No                  |     |                   | MMP           |
| 33282  | IMPLANTATION PF PATIENT-ACTIVATED CARDIAC EVENT RECORDER  | Yes                 |     |                   | MMP           |
| 33284  | REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33300  | Repair of cardiac wound; without bypass   | No                  |     |                   | MMP           |
| 33305  | Repair of cardiac wound; with cardiopulmonary bypass  | No                  |     |                   | MMP           |
| 33310  | Cardiotomy, exploratory (includes removal of foreign body, atrial or  | No                  |     |                   | MMP           |
| 33315  | Cardiotomy, exploratory (includes removal of foreign body, atrial or  | No                  |     |                   | MMP           |
| 33320  | Suture repair of aorta or great vessels; without shunt or   | No                  |     |                   | MMP           |
| 33321  | Suture repair of aorta or great vessels; with shunt bypass  | No                  |     |                   | MMP           |
| 33330  | Insertion of graft, aorta or great vessels; without shunt, or   | No                  |     |                   | MMP           |
| 33332  | Insertion of graft, aorta or great vessels; with shunt bypass   | No                  |     |                   | MMP           |
| 33335  | Insertion of graft, aorta or great vessels; with cardiopulmonary bypass   | No                  |     |                   | MMP           |
| 33340  | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation | No                  |     |                   | MMP           |
| 33361  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach  | No                  |     |                   | MMP           |
| 33362  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach  | No                  |     |                   | MMP           |
| 33363  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach   | No                  |     |                   | MMP           |
| 33364  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach  | No                  |     |                   | MMP           |
| 33365  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)  | No                  |     |                   | MMP           |
| 33366  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)   | No                  |     |                   | MMP           |
| 33367  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)                                   | No                  |     |                   | MMP           |
| 33368  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)                          | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33369  | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 33390  | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)  | No                  |     |                   | MMP           |
| 33391  | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)   | No                  |     |                   | MMP           |
| 33404  | Construction of apical-aortic conduit   | No                  |     |                   | MMP           |
| 33405  | Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic   | No                  |     |                   | MMP           |
| 33406  | Replacement, aortic valve, with cardiopulmonary bypass; with allograft  | No                  |     |                   | MMP           |
| 33410  | Replacement, aortic valve, with cardiopulmonary bypass; with stentless  | No                  |     |                   | MMP           |
| 33411  | Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus   | No                  |     |                   | MMP           |
| 33412  | Replacement, aortic valve; with transventricular aortic annulus   | No                  |     |                   | MMP           |
| 33413  | Replacement, aortic valve; by translocation of autologous pulmonary   | No                  |     |                   | MMP           |
| 33414  | Repair of left ventricular outflow tract obstruction by patch   | No                  |     |                   | MMP           |
| 33415  | Resection or incision of subvalvular tissue for discrete subvalvular  | No                  |     |                   | MMP           |
| 33416  | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic   | No                  |     |                   | MMP           |
| 33417  | Aortoplasty (gusset) for supra-aortic stenosis  | No                  |     |                   | MMP           |
| 33420  | Valvotomy, mitral valve; closed heart   | No                  |     |                   | MMP           |
| 33422  | Valvotomy, mitral valve; open heart, with cardiopulmonary bypass  | No                  |     |                   | MMP           |
| 33425  | Valvuloplasty, mitral valve, with cardiopulmonary bypass;   | No                  |     |                   | MMP           |
| 33426  | Valvuloplasty, mitral valve, with cardiopulmonary bypass; with  | No                  |     |                   | MMP           |
| 33427  | Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical   | No                  |     |                   | MMP           |
| 33430  | Replacement, mitral valve, with cardiopulmonary bypass  | No                  |     |                   | MMP           |
| 33460  | Valvectomy, tricuspid valve, with cardiopulmonary bypass  | No                  |     |                   | MMP           |
| 33463  | Valvuloplasty, tricuspid valve; without ring insertion  | No                  |     |                   | MMP           |
| 33464  | Valvuloplasty, tricuspid valve; with ring insertion   | No                  |     |                   | MMP           |
| 33465  | Replacement, tricuspid valve, with cardiopulmonary bypass   | No                  |     |                   | MMP           |
| 33468  | Tricuspid valve repositioning and plication for Ebstein anomaly   | No                  |     |                   | MMP           |
| 33470  | Valvotomy, pulmonary valve, closed heart; transventricular  | No                  |     |                   | MMP           |
| 33471  | Valvotomy, pulmonary valve, closed heart; via pulmonary artery  | No                  |     |                   | MMP           |
| 33474  | Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33475  | Replacement, pulmonary valve  | No                  |     |                   | MMP           |
| 33476  | Right ventricular resection for infundibular stenosis, with or without  | No                  |     |                   | MMP           |
| 33477  | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed. | No                  |     |                   | MMP           |
| 33478  | Outflow tract augmentation (gusset), with or without commissurotomy or  | No                  |     |                   | MMP           |
| 33496  | Repair of non-structural prosthetic valve dysfunction with  | No                  |     |                   | MMP           |
| 33500  | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with  | No                  |     |                   | MMP           |
| 33501  | Repair of coronary arteriovenous or arteriocardiac chamber fistula;   | No                  |     |                   | MMP           |
| 33502  | Repair of anomalous coronary artery; by ligation  | No                  |     |                   | MMP           |
| 33503  | Repair of anomalous coronary artery; by graft, without cardiopulmonary  | No                  |     |                   | MMP           |
| 33504  | Repair of anomalous coronary artery; by graft, with cardiopulmonary   | No                  |     |                   | MMP           |
| 33505  | Repair of anomalous coronary artery; with construction of intrapulmonary  | No                  |     |                   | MMP           |
| 33506  | Repair of anomalous coronary artery; by translocation from pulmonary  | No                  |     |                   | MMP           |
| 33507  | REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERYBY UNROOFING OR TRANSLOCATION                                    | No                  |     |                   | MMP           |
| 33508  | Endoscopy, surgical, including video-assisted harvest of vein(s) for  | No                  |     |                   | MMP           |
| 33510  | Coronary artery bypass, vein only; single coronary venous graft   | No                  |     |                   | MMP           |
| 33511  | Coronary artery bypass, vein only; two coronary venous grafts   | No                  |     |                   | MMP           |
| 33512  | Coronary artery bypass, vein only; three coronary venous grafts   | No                  |     |                   | MMP           |
| 33513  | Coronary artery bypass, vein only; four coronary venous grafts  | No                  |     |                   | MMP           |
| 33514  | Coronary artery bypass, vein only; five coronary venous grafts  | No                  |     |                   | MMP           |
| 33516  | Coronary artery bypass, vein only; six or more coronary venous grafts   | No                  |     |                   | MMP           |
| 33517  | Coronary artery bypass, using venous graft(s) and arterial graft(s);  | No                  |     |                   | MMP           |
| 33518  | Coronary artery bypass, using venous graft(s) and arterial graft(s); two  | No                  |     |                   | MMP           |
| 33519  | Coronary artery bypass, using venous graft(s) and arterial graft(s);  | No                  |     |                   | MMP           |
| 33521  | Coronary artery bypass, using venous graft(s) and arterial graft(s);  | No                  |     |                   | MMP           |
| 33522  | Coronary artery bypass, using venous graft(s) and arterial graft(s);  | No                  |     |                   | MMP           |
| 33523  | Coronary artery bypass, using venous graft(s) and arterial graft(s); six  | No                  |     |                   | MMP           |
| 33530  | Reoperation, coronary artery bypass procedure or valve procedure, more  | No                  |     |                   | MMP           |
| 33533  | Coronary artery bypass, using arterial graft(s); single arterial graft  | No                  |     |                   | MMP           |
| 33534  | Coronary artery bypass, using arterial graft(s); two coronary arterial  | No                  |     |                   | MMP           |
| 33535  | Coronary artery bypass, using arterial graft(s); three coronary arterial  | No                  |     |                   | MMP           |
| 33536  | Coronary artery bypass, using arterial graft(s); four or more coronary  | No                  |     |                   | MMP           |
| 33542  | Myocardial resection (eg, ventricular aneurysmectomy)   | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33545  | Repair of postinfarction ventricular septal defect, with or without   | No                  |     |                   | MMP           |
| 33548  | SURICIAL VENTRICULAR RESTORATION PROC, INCLDS PROSTHETIC PATCH, WHEN PERFORMED (EG VENTRICULAR REMODELING, SVR, SAVER, DOR PROC'S)  | No                  |     |                   | MMP           |
| 33572  | Coronary endarterectomy, open, any method, of left anterior descending,   | No                  |     |                   | MMP           |
| 33600  | Closure of atrioventricular valve (mitral or tricuspid) by suture or  | No                  |     |                   | MMP           |
| 33602  | Closure of semilunar valve (aortic or pulmonary) by suture or patch   | No                  |     |                   | MMP           |
| 33606  | Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel)   | No                  |     |                   | MMP           |
| 33608  | Repair of complex cardiac anomaly other than pulmonary atresia with   | No                  |     |                   | MMP           |
| 33610  | Repair of complex cardiac anomalies (eg, single ventricle with subaortic  | No                  |     |                   | MMP           |
| 33611  | Repair of double outlet right ventricle with intraventricular tunnel  | No                  |     |                   | MMP           |
| 33612  | Repair of double outlet right ventricle with intraventricular tunnel  | No                  |     |                   | MMP           |
| 33615  | Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure  | No                  |     |                   | MMP           |
| 33617  | Repair of complex cardiac anomalies (eg, single ventricle) by modified  | No                  |     |                   | MMP           |
| 33619  | Repair of single ventricle with aortic outflow obstruction and aortic   | No                  |     |                   | MMP           |
| 33620  | Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)  | No                  |     |                   | MMP           |
| 33621  | Trans thoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)  | No                  |     |                   | MMP           |
| 33622  | Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding) | No                  |     |                   | MMP           |
| 33641  | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with  | No                  |     |                   | MMP           |
| 33645  | Direct or patch closure, sinus venosus, with or without anomalous   | No                  |     |                   | MMP           |
| 33647  | Repair of atrial septal defect and ventricular septal defect, with  | No                  |     |                   | MMP           |
| 33660  | Repair of incomplete or partial atrioventricular canal (ostium primum   | No                  |     |                   | MMP           |
| 33665  | Repair of intermediate or transitional atrioventricular canal, with or  | No                  |     |                   | MMP           |
| 33670  | Repair of complete atrioventricular canal, with or without prosthetic   | No                  |     |                   | MMP           |
| 33675  | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;   | No                  |     |                   | MMP           |
| 33676  | CLOSURE OF VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY   | No                  |     |                   | MMP           |
| 33677  | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL  | No                  |     |                   | MMP           |
| 33681  | Closure of ventricular septal defect, with or without patch;  | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33684  | Closure of ventricular septal defect, with or without patch; with                   | No                  |     |                   | MMP           |
| 33688  | Closure of ventricular septal defect, with or without patch; with                   | No                  |     |                   | MMP           |
| 33690  | Banding of pulmonary artery   | No                  |     |                   | MMP           |
| 33692  | Complete repair tetralogy of Fallot without pulmonary atresia;                      | No                  |     |                   | MMP           |
| 33694  | Complete repair tetralogy of Fallot without pulmonary atresia; with                 | No                  |     |                   | MMP           |
| 33697  | Complete repair tetralogy of Fallot with pulmonary atresia including                | No                  |     |                   | MMP           |
| 33702  | Repair sinus of Valsalva fistula, with cardiopulmonary bypass;                      | No                  |     |                   | MMP           |
| 33710  | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with                 | No                  |     |                   | MMP           |
| 33720  | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass                      | No                  |     |                   | MMP           |
| 33722  | Closure of aortico-left ventricular tunnel  | No                  |     |                   | MMP           |
| 33724  | REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN                        | No                  |     |                   | MMP           |
| 33726  | REPAIR OF PULMONARY VENOUS STENOSIS   | No                  |     |                   | MMP           |
| 33730  | Complete repair of anomalous venous return (supracardiac, intracardiac,             | No                  |     |                   | MMP           |
| 33732  | Repair of cor triatriatum or supra-ventricular mitral ring by resection of          | No                  |     |                   | MMP           |
| 33735  | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type                  | No                  |     |                   | MMP           |
| 33736  | Atrial septectomy or septostomy; open heart with cardiopulmonary                    | No                  |     |                   | MMP           |
| 33737  | Atrial septectomy or septostomy; open heart, with inflow occlusion                  | No                  |     |                   | MMP           |
| 33750  | Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)              | No                  |     |                   | MMP           |
| 33755  | Shunt; ascending aorta to pulmonary artery (Waterston type operation)               | No                  |     |                   | MMP           |
| 33762  | Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)            | No                  |     |                   | MMP           |
| 33764  | Shunt; central, with prosthetic graft   | No                  |     |                   | MMP           |
| 33766  | Shunt; superior vena cava to pulmonary artery for flow to one lung                  | No                  |     |                   | MMP           |
| 33767  | Shunt; superior vena cava to pulmonary artery for flow to both lungs                | No                  |     |                   | MMP           |
| 33768  | ANASTOMOSIS, CAVOPULMONARY, 2ND SUPERIOR VENA CAVA (LST SEP IN ADD TO PRIMARY PROC) | No                  |     |                   | MMP           |
| 33770  | Repair of transposition of the great arteries with ventricular septal               | No                  |     |                   | MMP           |
| 33771  | Repair of transposition of the great arteries with ventricular septal               | No                  |     |                   | MMP           |
| 33774  | Repair of transposition of the great arteries, atrial baffle procedure              | No                  |     |                   | MMP           |
| 33775  | Repair of transposition of the great arteries, atrial baffle procedure              | No                  |     |                   | MMP           |
| 33776  | Repair of transposition of the great arteries, atrial baffle procedure              | No                  |     |                   | MMP           |
| 33777  | Repair of transposition of the great arteries, atrial baffle procedure              | No                  |     |                   | MMP           |
| 33778  | Repair of transposition of the great arteries, aortic pulmonary artery              | No                  |     |                   | MMP           |
| 33779  | Repair of transposition of the great arteries, aortic pulmonary artery              | No                  |     |                   | MMP           |
| 33780  | Repair of transposition of the great arteries, aortic pulmonary artery              | No                  |     |                   | MMP           |

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| 33781  | Repair of transposition of the great arteries, aortic pulmonary artery  | No                  |     |                   | MMP           |
| 33782  | AORTIC ROOT TRANSLOCATION W/VENTRICULAR SEPTAL DEFECT & PULMONARY STENOSIS REPAIR (IE, NIKAI DOH PROC); WO CORONARY OSTIUM REIMPLAN   | No                  |     |                   | MMP           |
| 33783  | AORTIC ROOT TRANSLOCATE W/VENTRICULAR SEPTAL DEFECT&PULMONARY STENOSIS REPAIR W/REIMPLANTATION OF 1 OR 2 CORONANARY OSTIA   | No                  |     |                   | MMP           |
| 33786  | Total repair, truncus arteriosus (Rastelli type operation)  | No                  |     |                   | MMP           |
| 33788  | Reimplantation of an anomalous pulmonary artery   | No                  |     |                   | MMP           |
| 33800  | Aortic suspension (aortopexy) for tracheal decompression (eg, for   | No                  |     |                   | MMP           |
| 33802  | Division of aberrant vessel (vascular ring);  | No                  |     |                   | MMP           |
| 33803  | Division of aberrant vessel (vascular ring); with reanastomosis   | No                  |     |                   | MMP           |
| 33813  | Obliteration of aortopulmonary septal defect; without cardiopulmonary   | No                  |     |                   | MMP           |
| 33814  | Obliteration of aortopulmonary septal defect; with cardiopulmonary  | No                  |     |                   | MMP           |
| 33820  | Repair of patent ductus arteriosus; by ligation   | No                  |     |                   | MMP           |
| 33822  | Repair of patent ductus arteriosus; by division, under 18 years   | No                  |     |                   | MMP           |
| 33824  | Repair of patent ductus arteriosus; by division, 18 years and older   | No                  |     |                   | MMP           |
| 33840  | Excision of coarctation of aorta, with or without associated patent   | No                  |     |                   | MMP           |
| 33845  | Excision of coarctation of aorta, with or without associated patent   | No                  |     |                   | MMP           |
| 33851  | Excision of coarctation of aorta, with or without associated patent   | No                  |     |                   | MMP           |
| 33852  | Repair of hypoplastic or interrupted aortic arch using autogenous or  | No                  |     |                   | MMP           |
| 33853  | Repair of hypoplastic or interrupted aortic arch using autogenous or  | No                  |     |                   | MMP           |
| 33860  | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed   | No                  |     |                   | MMP           |
| 33863  | Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)   | No                  |     |                   | MMP           |
| 33864  | Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure) | No                  |     |                   | MMP           |
| 33870  | Transverse arch graft, with cardiopulmonary bypass  | No                  |     |                   | MMP           |
| 33875  | Descending thoracic aorta graft, with or without bypass   | No                  |     |                   | MMP           |
| 33877  | Repair of thoracoabdominal aortic aneurysm with graft, with or without  | No                  |     |                   | MMP           |
| 33880  | ENDOVASCULAR REPAIR OF DESCENDIGN THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION PENETRATING ULCER, INTRAMURAL HEMATOMA   | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33881  | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION PENETRATING ULCER, INTRAMURAL HEMATOMA   | No                  |     |                   | MMP           |
| 33883  | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDIGN THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,  | No                  |     |                   | MMP           |
| 33884  | PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDIGN THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,  | No                  |     |                   | MMP           |
| 33886  | PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED ENDOVASCULAR REPAIR OF DESCENDIGN THORACIC AORTA  | No                  |     |                   | MMP           |
| 33889  | OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PRFMD IN CONJUNCTION W/ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, BY NECK I  | No                  |     |                   | MMP           |
| 33891  | BYPASS GRAFT, W/ OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN CONJUNCTION WENDOASCULAR REPAIR OF  | No                  |     |                   | MMP           |
| 33910  | Pulmonary artery embolectomy; with cardiopulmonary bypass   | No                  |     |                   | MMP           |
| 33915  | Pulmonary artery embolectomy; without cardiopulmonary bypass  | No                  |     |                   | MMP           |
| 33916  | Pulmonary endarterectomy, with or without embolectomy, with   | No                  |     |                   | MMP           |
| 33917  | Repair of pulmonary artery stenosis by reconstruction with patch or   | No                  |     |                   | MMP           |
| 33920  | Repair of pulmonary atresia with ventricular septal defect, by  | No                  |     |                   | MMP           |
| 33922  | Transection of pulmonary artery with cardiopulmonary bypass   | No                  |     |                   | MMP           |
| 33924  | Ligation and takedown of a systemic-to-pulmonary artery shunt,  | No                  |     |                   | MMP           |
| 33925  | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; W/O CARDIOPULMONARY BYPASS  | No                  |     |                   | MMP           |
| 33926  | REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; W/ CARDIOPULMONARY BYPASS   | No                  |     |                   | MMP           |
| 33927  | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy <b>termed code 0051T-0053T</b>   | No                  |     |                   | MMP           |
| 33928  | Removal and replacement of total replacement heart system (artificial heart) <b>termed code 0051T-0053T</b>   | No                  |     |                   | MMP           |
| 33929  | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure) <b>termed code 0051T-0053T</b> | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 33930  | DONOR CARDIECTOMY-PNEUMONECTOMY, WITH COLD PRESERVATION   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 33933  | BACKBENCH STANDARD PREP OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO TRANSPLANT; INCL DISSECTION FROM SURROUNDING TISS TO PREP  | Yes                 |                       |                   | MMP           |
| 33935  | HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY  | Yes                 |                       |                   | MMP           |
| 33940  | DONOR CARDIECTOMY, WITH COLD PRESERVATION   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 33944  | BACKBENCH STANDARD PREP OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANT; INCL DISSECTION FROM SURROUNDING TISS TO PREP AORTA,  | Yes                 |                       |                   | MMP           |
| 33945  | HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY   | Yes                 |                       |                   | MMP           |
| 33946  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous  | No                  |                       |                   | MMP           |
| 33947  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial  | No                  |                       |                   | MMP           |
| 33948  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous  | No                  |                       |                   | MMP           |
| 33949  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial  | No                  |                       |                   | MMP           |
| 33951  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) | No                  |                       |                   | MMP           |
| 33952  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)            | No                  |                       |                   | MMP           |
| 33953  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age  | No                  |                       |                   | MMP           |
| 33954  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older   | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33955  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age   | No                  |     |                   | MMP           |
| 33956  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older  | No                  |     |                   | MMP           |
| 33957  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) | No                  |     |                   | MMP           |
| 33958  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)            | No                  |     |                   | MMP           |
| 33959  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)         | No                  |     |                   | MMP           |
| 33962  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)                    | No                  |     |                   | MMP           |
| 33963  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)           | No                  |     |                   | MMP           |
| 33964  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)                         | No                  |     |                   | MMP           |
| 33965  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33966  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older    | No                  |     |                   | MMP           |
| 33967  | Insertion of intra-aortic balloon assist device, percutaneous  | Yes                 |     |                   | MMP           |
| 33968  | Removal of intra-aortic balloon assist device, percutaneous  | No                  |     |                   | MMP           |
| 33969  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age | No                  |     |                   | MMP           |
| 33970  | Insertion of intra-aortic balloon assist device through the femoral  | No                  |     |                   | MMP           |
| 33971  | Removal of intra-aortic balloon assist device including repair of  | No                  |     |                   | MMP           |
| 33973  | Insertion of intra-aortic balloon assist device through the ascending  | No                  |     |                   | MMP           |
| 33974  | Removal of intra-aortic balloon assist device from the ascending aorta,  | No                  |     |                   | MMP           |
| 33975  | IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT  | Yes                 |     |                   | MMP           |
| 33976  | IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT   | No                  |     |                   | MMP           |
| 33977  | REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT   | No                  |     |                   | MMP           |
| 33978  | REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT  | No                  |     |                   | MMP           |
| 33979  | INSERTION OF INTRACORPORAL VENTRICULAR ASSIST DEVICE   | No                  |     |                   | MMP           |
| 33980  | REMOVAL OF INTRACORPORAL VENTRICULAR ASSIST DEVICE   | No                  |     |                   | MMP           |
| 33981  | REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP   | No                  |     |                   | MMP           |
| 33982  | REPLACE EXTRACORPOREAL VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WO CARDIOPULMARY BYPASS  | No                  |     |                   | MMP           |
| 33983  | REPLACE EXTRACORPOREAL VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMARY BYPASS  | No                  |     |                   | MMP           |
| 33984  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older            | No                  |     |                   | MMP           |
| 33985  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age      | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 33986  | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older | No                  |     |                   | MMP           |
| 33987  | Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)    | No                  |     |                   | MMP           |
| 33988  | Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS  | No                  |     |                   | MMP           |
| 33989  | Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS  | No                  |     |                   | MMP           |
| 33990  | Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only   | Yes                 |     |                   | MMP           |
| 33991  | Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture              | Yes                 |     |                   | MMP           |
| 33992  | Removal of percutaneous ventricular assist device at separate and distinct session from insertion  | No                  |     |                   | MMP           |
| 33993  | Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion  | No                  |     |                   | MMP           |
| 33999  | UNLISTED PROCEDURE, CARDIAC SURGERY  | Yes                 |     |                   | MMP           |
| 34001  | Embolectomy or thrombectomy, with or without catheter; carotid,  | No                  |     |                   | MMP           |
| 34051  | Embolectomy or thrombectomy, with or without catheter; innominate,   | No                  |     |                   | MMP           |
| 34101  | Embolectomy or thrombectomy, with or without catheter; axillary,   | No                  |     |                   | MMP           |
| 34111  | Embolectomy or thrombectomy, with or without catheter; radial or ulnar   | No                  |     |                   | MMP           |
| 34151  | Embolectomy or thrombectomy, with or without catheter; renal, celiac,  | No                  |     |                   | MMP           |
| 34201  | Embolectomy or thrombectomy, with or without catheter; femoropopliteal,  | No                  |     |                   | MMP           |
| 34203  | Embolectomy or thrombectomy, with or without catheter;   | No                  |     |                   | MMP           |
| 34401  | Thrombectomy, direct or with catheter; vena cava, iliac vein, by   | No                  |     |                   | MMP           |
| 34421  | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal   | No                  |     |                   | MMP           |
| 34451  | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal   | No                  |     |                   | MMP           |
| 34471  | Thrombectomy, direct or with catheter; subclavian vein, by neck incision   | No                  |     |                   | MMP           |
| 34490  | Thrombectomy, direct or with catheter; axillary and subclavian vein, by  | No                  |     |                   | MMP           |
| 34501  | Valvuloplasty, femoral vein  | No                  |     |                   | MMP           |
| 34502  | Reconstruction of vena cava, any method  | No                  |     |                   | MMP           |
| 34510  | Venous valve transposition, any vein donor   | No                  |     |                   | MMP           |
| 34520  | Cross-over vein graft to venous system   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 34530  | Saphenopopliteal vein anastomosis  | No                  |     |                   | MMP           |
| 34701  | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) <b>termed code 34800-34806</b>  | No                  |     |                   | MMP           |
| 34702  | Endovascular repair of infrarenal aorta by deployment of an <b>aorto-aortic tube endograft</b> including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; <b>for rupture</b> including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) <b>termed code 34800-34806</b> | No                  |     |                   | MMP           |
| 34703  | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an <b>aorto-uni-iliac endograft</b> including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; <b>for other than rupture</b> (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) <b>termed code 34800-34806</b>   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 34704  | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an <b>aorto-uni-iliac endograft</b> including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; <b>for rupture</b> including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) <b>termed code 34800-34806</b> | No                  |     |                   | MMP           |
| 34705  | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an <b>aorto-bi-iliac endograft</b> including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) <b>termed code 34800-34806</b>  | No                  |     |                   | MMP           |
| 34706  | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an <b>aorto-bi-iliac endograft</b> including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; <b>for rupture</b> including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) <b>termed code 34800-34806</b>  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 34707  | Endovascular repair of iliac artery by deployment of an <b>ilio-iliac tube endograft</b> including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; <b>for other than rupture</b> (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation) <b>termed codes 34900, 75953</b>   | No                  |     |                   | MMP           |
| 34708  | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption) <b>termed code 34900, 75954</b> | No                  |     |                   | MMP           |
| 34709  | Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure) <b>termed codes 34825-34826, 75953</b>  | No                  |     |                   | MMP           |
| 34710  | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; <b>initial vessel treated</b> <b>termed codes 34825-34826</b>  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 34711  | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; <b>each additional vessel treated</b> (List separately in addition to code for primary procedure) <b>terminated codes 34825-34826</b> | No                  |     |                   | MMP           |
| 34712  | Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 34713  | Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 34714  | Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 34715  | Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 34716  | Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 34808  | Endovascular placement of iliac artery occlusion device (List separately)   | No                  |     |                   | MMP           |
| 34812  | Open femoral artery exposure for delivery of endovascular prosthesis, by  | No                  |     |                   | MMP           |
| 34813  | Placement of femoral-femoral prosthetic graft during endovascular aortic  | No                  |     |                   | MMP           |
| 34820  | Open iliac artery exposure for delivery of endovascular prosthesis or   | No                  |     |                   | MMP           |
| 34830  | Open repair of infrarenal aortic aneurysm or dissection, plus repair of   | No                  |     |                   | MMP           |
| 34831  | Open repair of infrarenal aortic aneurysm or dissection, plus repair of   | No                  |     |                   | MMP           |
| 34832  | Open repair of infrarenal aortic aneurysm or dissection, plus repair of   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 34833  | OPEN ILIAC ARTERY EXPOSURE W/CREATION OF CONDUIT FOR DELIVERY OF AORTIC OR ILIAC ENDOVASCULAR PROTHESIS, BY ABDOMINIAL   | No                  |     |                   | MMP           |
| 34834  | Open brachial artery exposure to assist in the deployment of infrarenal  | No                  |     |                   | MMP           |
| 34839  | Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time   | Not Covered         |     |                   | MMP           |
| 34841  | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)                 | Not Covered         |     |                   | MMP           |
| 34842  | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])          | Not Covered         |     |                   | MMP           |
| 34843  | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])        | Not Covered         |     |                   | MMP           |
| 34844  | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 34845  | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)                 | Not Covered         |     |                   | MMP           |
| 34846  | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])          | Not Covered         |     |                   | MMP           |
| 34847  | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])        | Not Covered         |     |                   | MMP           |
| 34848  | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | Not Covered         |     |                   | MMP           |
| 35001  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or   | No                  |     |                   | MMP           |
| 35002  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35005  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35011  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35013  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35021  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35022  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35045  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35081  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35082  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35091  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35092  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35102  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35103  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35111  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35112  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35121  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35122  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35131  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35132  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35141  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35142  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35151  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35152  | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or | No                  |     |                   | MMP           |
| 35180  | Repair, congenital arteriovenous fistula; head and neck            | No                  |     |                   | MMP           |
| 35182  | Repair, congenital arteriovenous fistula; thorax and abdomen       | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35184  | Repair, congenital arteriovenous fistula; extremities                   | No                  |     |                   | MMP           |
| 35188  | Repair, acquired or traumatic arteriovenous fistula; head and neck      | No                  |     |                   | MMP           |
| 35189  | Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen | No                  |     |                   | MMP           |
| 35190  | Repair, acquired or traumatic arteriovenous fistula; extremities        | No                  |     |                   | MMP           |
| 35201  | Repair blood vessel, direct; neck                                       | No                  |     |                   | MMP           |
| 35206  | Repair blood vessel, direct; upper extremity                            | No                  |     |                   | MMP           |
| 35207  | Repair blood vessel, direct; hand, finger                               | No                  |     |                   | MMP           |
| 35211  | Repair blood vessel, direct; intrathoracic, with bypass                 | No                  |     |                   | MMP           |
| 35216  | Repair blood vessel, direct; intrathoracic, without bypass              | No                  |     |                   | MMP           |
| 35221  | Repair blood vessel, direct; intra-abdominal                            | No                  |     |                   | MMP           |
| 35226  | Repair blood vessel, direct; lower extremity                            | No                  |     |                   | MMP           |
| 35231  | Repair blood vessel with vein graft; neck                               | No                  |     |                   | MMP           |
| 35236  | Repair blood vessel with vein graft; upper extremity                    | No                  |     |                   | MMP           |
| 35241  | Repair blood vessel with vein graft; intrathoracic, with bypass         | No                  |     |                   | MMP           |
| 35246  | Repair blood vessel with vein graft; intrathoracic, without bypass      | No                  |     |                   | MMP           |
| 35251  | Repair blood vessel with vein graft; intra-abdominal                    | No                  |     |                   | MMP           |
| 35256  | Repair blood vessel with vein graft; lower extremity                    | No                  |     |                   | MMP           |
| 35261  | Repair blood vessel with graft other than vein; neck                    | No                  |     |                   | MMP           |
| 35266  | Repair blood vessel with graft other than vein; upper extremity         | No                  |     |                   | MMP           |
| 35271  | Repair blood vessel with graft other than vein; intrathoracic, with     | No                  |     |                   | MMP           |
| 35276  | Repair blood vessel with graft other than vein; intrathoracic, without  | No                  |     |                   | MMP           |
| 35281  | Repair blood vessel with graft other than vein; intra-abdominal         | No                  |     |                   | MMP           |
| 35286  | Repair blood vessel with graft other than vein; lower extremity         | No                  |     |                   | MMP           |
| 35301  | Thromboendarterectomy, with or without patch graft; carotid, vertebral, | No                  |     |                   | MMP           |
| 35302  | THROMBOENDARTERECTOMY; SUPERFICIAL FEMORAL ARTERY                       | No                  |     |                   | MMP           |
| 35303  | THROMBOENDARTERECTOMY; POPLITEAL ARTERY                                 | No                  |     |                   | MMP           |
| 35304  | THROMBOENDARTERECTOMY; TIBIOPERONEAL TRUNK ARTERY                       | No                  |     |                   | MMP           |
| 35305  | THROMBOENDARTERECTOMY; TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL        | No                  |     |                   | MMP           |
| 35306  | THROMBOENDARTERECTOMY; TIBIAL OR PERONEAL ARTERY, EACH ADD              | No                  |     |                   | MMP           |
| 35311  | Thromboendarterectomy, with or without patch graft; subclavian,         | No                  |     |                   | MMP           |
| 35321  | Thromboendarterectomy, with or without patch graft; axillary-brachial   | No                  |     |                   | MMP           |
| 35331  | Thromboendarterectomy, with or without patch graft; abdominal aorta     | No                  |     |                   | MMP           |
| 35341  | Thromboendarterectomy, with or without patch graft; mesenteric, celiac, | No                  |     |                   | MMP           |
| 35351  | Thromboendarterectomy, with or without patch graft; iliac               | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35355  | Thromboendarterectomy, with or without patch graft; iliofemoral            | No                  |     |                   | MMP           |
| 35361  | Thromboendarterectomy, with or without patch graft; combined aortoiliac    | No                  |     |                   | MMP           |
| 35363  | Thromboendarterectomy, with or without patch graft; combined               | No                  |     |                   | MMP           |
| 35371  | Thromboendarterectomy, with or without patch graft; common femoral         | No                  |     |                   | MMP           |
| 35372  | Thromboendarterectomy, with or without patch graft; deep (profunda)        | No                  |     |                   | MMP           |
| 35390  | Reoperation, carotid, thromboendarterectomy, more than one month after     | No                  |     |                   | MMP           |
| 35400  | Angioscopy (non-coronary vessels or grafts) during therapeutic             | No                  |     |                   | MMP           |
| 35500  | Harvest of upper extremity vein, one segment, for lower extremity or       | No                  |     |                   | MMP           |
| 35501  | Bypass graft, with vein; carotid   | No                  |     |                   | MMP           |
| 35506  | Bypass graft, with vein; carotid-subclavian                                | No                  |     |                   | MMP           |
| 35508  | Bypass graft, with vein; carotid-vertebral                                 | No                  |     |                   | MMP           |
| 35509  | Bypass graft, with vein; carotid-carotid                                   | No                  |     |                   | MMP           |
| 35510  | Bypass graft, with vein; carotid-brachial                                  | No                  |     |                   | MMP           |
| 35511  | Bypass graft, with vein; subclavian-subclavian                             | No                  |     |                   | MMP           |
| 35512  | Bypass graft, with vein; subclavian-brachial                               | No                  |     |                   | MMP           |
| 35515  | Bypass graft, with vein; subclavian-vertebral                              | No                  |     |                   | MMP           |
| 35516  | Bypass graft, with vein; subclavian-axillary                               | No                  |     |                   | MMP           |
| 35518  | Bypass graft, with vein; axillary-axillary                                 | No                  |     |                   | MMP           |
| 35521  | Bypass graft, with vein; axillary-femoral                                  | No                  |     |                   | MMP           |
| 35522  | Bypass graft, with vein; axillary-brachial                                 | No                  |     |                   | MMP           |
| 35523  | BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL                         | No                  |     |                   | MMP           |
| 35525  | Bypass graft, with vein; brachial-brachial                                 | No                  |     |                   | MMP           |
| 35526  | Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid | No                  |     |                   | MMP           |
| 35531  | Bypass graft, with vein; aortoceliac or aortomesenteric                    | No                  |     |                   | MMP           |
| 35533  | Bypass graft, with vein; axillary-femoral-femoral                          | No                  |     |                   | MMP           |
| 35535  | Bypass graft, with vein; hepatorenal                                       | No                  |     |                   | MMP           |
| 35536  | Bypass graft, with vein; splenorenal                                       | No                  |     |                   | MMP           |
| 35537  | BYPASS GRAFT, WITH VEIN; AORTOILIAC  | No                  |     |                   | MMP           |
| 35538  | BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC                                     | No                  |     |                   | MMP           |
| 35539  | BYPASS GRAFT, WITH VEIN; AORTOFEMORAL                                      | No                  |     |                   | MMP           |
| 35540  | BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL                                    | No                  |     |                   | MMP           |
| 35556  | Bypass graft, with vein; femoral-popliteal                                 | No                  |     |                   | MMP           |
| 35558  | Bypass graft, with vein; femoral-femoral                                   | No                  |     |                   | MMP           |
| 35560  | Bypass graft, with vein; aortorenal  | No                  |     |                   | MMP           |
| 35563  | Bypass graft, with vein; ilioliac  | No                  |     |                   | MMP           |
| 35565  | Bypass graft, with vein; iliofemoral                                       | No                  |     |                   | MMP           |
| 35566  | Bypass graft, with vein; femoral-anterior tibial, posterior tibial,        | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35570  | Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial | No                  |     |                   | MMP           |
| 35571  | Bypass graft, with vein; popliteal-tibial, -peroneal artery or other                     | No                  |     |                   | MMP           |
| 35572  | Harvest of femoropopliteal vein, one segment, for vascular                               | No                  |     |                   | MMP           |
| 35583  | In-situ vein bypass; femoral-popliteal   | No                  |     |                   | MMP           |
| 35585  | In-situ vein bypass; femoral-anterior tibial, posterior tibial, or                       | No                  |     |                   | MMP           |
| 35587  | In-situ vein bypass; popliteal-tibial, peroneal  | No                  |     |                   | MMP           |
| 35600  | Harvest of upper extremity artery, one segment, for coronary artery                      | No                  |     |                   | MMP           |
| 35601  | Bypass graft, with other than vein; carotid  | No                  |     |                   | MMP           |
| 35606  | Bypass graft, with other than vein; carotid-subclavian                                   | No                  |     |                   | MMP           |
| 35612  | Bypass graft, with other than vein; subclavian-subclavian                                | No                  |     |                   | MMP           |
| 35616  | Bypass graft, with other than vein; subclavian-axillary                                  | No                  |     |                   | MMP           |
| 35621  | Bypass graft, with other than vein; axillary-femoral                                     | No                  |     |                   | MMP           |
| 35623  | Bypass graft, with other than vein; axillary-popliteal or -tibial                        | No                  |     |                   | MMP           |
| 35626  | Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid    | No                  |     |                   | MMP           |
| 35631  | Bypass graft, with other than vein; aortoceliac, aortomesenteric,                        | No                  |     |                   | MMP           |
| 35632  | Bypass graft, with other than vein; ilio-celiac  | No                  |     |                   | MMP           |
| 35633  | Bypass graft, with other than vein; ilio-mesenteric                                      | No                  |     |                   | MMP           |
| 35634  | Bypass graft, with other than vein; iliorenal  | No                  |     |                   | MMP           |
| 35636  | Bypass graft, with other than vein; splenorenal (splenic to renal                        | No                  |     |                   | MMP           |
| 35637  | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC   | No                  |     |                   | MMP           |
| 35638  | BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC  | No                  |     |                   | MMP           |
| 35642  | Bypass graft, with other than vein; carotid-vertebral                                    | No                  |     |                   | MMP           |
| 35645  | Bypass graft, with other than vein; subclavian-vertebral                                 | No                  |     |                   | MMP           |
| 35646  | Bypass graft, with other than vein; aortobifemoral                                       | No                  |     |                   | MMP           |
| 35647  | Bypass graft, with other than vein; aortofemoral   | No                  |     |                   | MMP           |
| 35650  | Bypass graft, with other than vein; axillary-axillary                                    | No                  |     |                   | MMP           |
| 35654  | Bypass graft, with other than vein; axillary-femoral-femoral                             | No                  |     |                   | MMP           |
| 35656  | Bypass graft, with other than vein; femoral-popliteal                                    | No                  |     |                   | MMP           |
| 35661  | Bypass graft, with other than vein; femoral-femoral                                      | No                  |     |                   | MMP           |
| 35663  | Bypass graft, with other than vein; ilioliac   | No                  |     |                   | MMP           |
| 35665  | Bypass graft, with other than vein; iliofemoral  | No                  |     |                   | MMP           |
| 35666  | Bypass graft, with other than vein; femoral anterior tibial, posterior                   | No                  |     |                   | MMP           |
| 35671  | Bypass graft, with other than vein; popliteal-tibial or -peroneal artery                 | No                  |     |                   | MMP           |
| 35681  | Bypass graft; composite, prosthetic and vein (List separately in                         | No                  |     |                   | MMP           |
| 35682  | Bypass graft; autogenous composite, two segments of veins from two                       | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 35683  | Bypass graft; autogenous composite, three or more segments of vein       | No                  |     |                   | MMP           |
| 35685  | Placement of vein patch or cuff at distal anastomosis of bypass graft,   | No                  |     |                   | MMP           |
| 35686  | Creation of distal arteriovenous fistula during lower extremity bypass   | No                  |     |                   | MMP           |
| 35691  | Transposition and/or reimplantation; vertebral to carotid artery         | No                  |     |                   | MMP           |
| 35693  | Transposition and/or reimplantation; vertebral to subclavian artery      | No                  |     |                   | MMP           |
| 35694  | Transposition and/or reimplantation; subclavian to carotid artery        | No                  |     |                   | MMP           |
| 35695  | Transposition and/or reimplantation; carotid to subclavian artery        | No                  |     |                   | MMP           |
| 35697  | Reimplantation, visceral artery to infrarenal aortic prosthesis, each    | No                  |     |                   | MMP           |
| 35700  | Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial,   | No                  |     |                   | MMP           |
| 35701  | Exploration (not followed by surgical repair), with or without lysis of  | No                  |     |                   | MMP           |
| 35721  | Exploration (not followed by surgical repair), with or without lysis of  | No                  |     |                   | MMP           |
| 35741  | Exploration (not followed by surgical repair), with or without lysis of  | No                  |     |                   | MMP           |
| 35761  | Exploration (not followed by surgical repair), with or without lysis of  | No                  |     |                   | MMP           |
| 35800  | Exploration for postoperative hemorrhage, thrombosis or infection; neck  | No                  |     |                   | MMP           |
| 35820  | Exploration for postoperative hemorrhage, thrombosis or infection; chest | No                  |     |                   | MMP           |
| 35840  | Exploration for postoperative hemorrhage, thrombosis or infection;       | No                  |     |                   | MMP           |
| 35860  | Exploration for postoperative hemorrhage, thrombosis or infection;       | No                  |     |                   | MMP           |
| 35870  | Repair of graft-enteric fistula  | No                  |     |                   | MMP           |
| 35875  | Thrombectomy of arterial or venous graft (other than hemodialysis graft  | No                  |     |                   | MMP           |
| 35876  | Thrombectomy of arterial or venous graft (other than hemodialysis graft  | No                  |     |                   | MMP           |
| 35879  | Revision, lower extremity arterial bypass, without thrombectomy, open;   | No                  |     |                   | MMP           |
| 35881  | Revision, lower extremity arterial bypass, without thrombectomy, open;   | No                  |     |                   | MMP           |
| 35883  | REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT         | No                  |     |                   | MMP           |
| 35884  | REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT         | No                  |     |                   | MMP           |
| 35901  | Excision of infected graft; neck   | No                  |     |                   | MMP           |
| 35903  | Excision of infected graft; extremity                                    | No                  |     |                   | MMP           |
| 35905  | Excision of infected graft; thorax                                       | No                  |     |                   | MMP           |
| 35907  | Excision of infected graft; abdomen                                      | No                  |     |                   | MMP           |
| 36000  | Introduction of needle or intracatheter, vein                            | No                  |     |                   | MMP           |
| 36002  | Injection procedures (eg, thrombin) for percutaneous treatment of        | No                  |     |                   | MMP           |
| 36005  | Injection procedure for extremity venography (including introduction of  | No                  |     |                   | MMP           |
| 36010  | Introduction of catheter, superior or inferior vena cava                 | No                  |     |                   | MMP           |
| 36011  | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH          | No                  |     |                   | MMP           |
| 36012  | Selective catheter placement, venous system; second order, or more       | No                  |     |                   | MMP           |
| 36013  | Introduction of catheter, right heart or main pulmonary artery           | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36014  | Selective catheter placement, left or right pulmonary artery  | No                  |     |                   | MMP           |
| 36015  | Selective catheter placement, segmental or subsegmental pulmonary   | No                  |     |                   | MMP           |
| 36100  | Introduction of needle or intracatheter, carotid or vertebral artery  | No                  |     |                   | MMP           |
| 36140  | Introduction of needle or intracatheter; extremity artery   | No                  |     |                   | MMP           |
| 36160  | Introduction of needle or intracatheter, aortic, translumbar  | No                  |     |                   | MMP           |
| 36200  | Introduction of catheter, aorta   | No                  |     |                   | MMP           |
| 36215  | Selective catheter placement, arterial system; each first order thoracic  | No                  |     |                   | MMP           |
| 36216  | Selective catheter placement, arterial system; initial second order   | No                  |     |                   | MMP           |
| 36217  | Selective catheter placement, arterial system; initial third order or   | No                  |     |                   | MMP           |
| 36218  | Selective catheter placement, arterial system; additional second order,   | No                  |     |                   | MMP           |
| 36221  | Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed                           | No                  |     |                   | MMP           |
| 36222  | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed                          | No                  |     |                   | MMP           |
| 36223  | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed | No                  |     |                   | MMP           |
| 36224  | Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed                           | No                  |     |                   | MMP           |
| 36225  | Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36226  | Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed  | No                  |     |                   | MMP           |
| 36227  | Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 36228  | Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 36245  | Selective catheter placement, arterial system; each first order   | No                  |     |                   | MMP           |
| 36246  | Selective catheter placement, arterial system; initial second order   | No                  |     |                   | MMP           |
| 36247  | Selective catheter placement, arterial system; initial third order or   | No                  |     |                   | MMP           |
| 36248  | Selective catheter placement, arterial system; additional second order,   | No                  |     |                   | MMP           |
| 36251  | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral | No                  |     |                   | MMP           |
| 36252  | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36253  | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral | No                  |     |                   | MMP           |
| 36254  | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral  | No                  |     |                   | MMP           |
| 36260  | INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP  | No                  |     |                   | MMP           |
| 36261  | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP   | No                  |     |                   | MMP           |
| 36262  | Removal of implanted intra-arterial infusion pump  | No                  |     |                   | MMP           |
| 36299  | UNLISTED PROCEDURE, VASCULAR INJECTION   | Yes                 |     |                   | MMP           |
| 36400  | Venipuncture, under age 3 years, necessitating physician's skill, not to   | No                  |     |                   | MMP           |
| 36405  | Venipuncture, under age 3 years, necessitating physician's skill, not to   | No                  |     |                   | MMP           |
| 36406  | Venipuncture, under age 3 years, necessitating physician's skill, not to   | No                  |     |                   | MMP           |
| 36410  | Venipuncture, age 3 years or older, necessitating physician's skill  | No                  |     |                   | MMP           |
| 36416  | Collection of capillary blood specimen (eg, finger, heel, ear stick)   | No                  |     |                   | MMP           |
| 36420  | Venipuncture, cutdown; under age 1 year  | No                  |     |                   | MMP           |
| 36425  | Venipuncture, cutdown; age 1 or over   | No                  |     |                   | MMP           |
| 36430  | Transfusion, blood or blood components   | No                  |     |                   | MMP           |
| 36440  | Push transfusion, blood, 2 years or under  | No                  |     |                   | MMP           |
| 36450  | Exchange transfusion, blood; newborn   | No                  |     |                   | MMP           |
| 36455  | Exchange transfusion, blood; other than newborn  | No                  |     |                   | MMP           |
| 36456  | Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn   | No                  |     |                   | MMP           |
| 36460  | Transfusion, intrauterine, fetal   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36465  | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)                      | No                  |     |                   | MMP           |
| 36466  | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg                   | No                  |     |                   | MMP           |
| 36468  | SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK   | Yes                 |     |                   | MMP           |
| 36470  | INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN   | Yes                 |     |                   | MMP           |
| 36471  | INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG  | Yes                 |     |                   | MMP           |
| 36473  | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated   | Yes                 |     |                   | MMP           |
| 36474  | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes                 |     |                   | MMP           |
| 36475  | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCL IMAGING GUIDANCE/MONITORING, PERCUTANEOUS, RADIOFREQUENCY; 1ST VE  | Yes                 |     |                   | MMP           |
| 36476  | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCL IMAGING GUIDANCE/MONITORING, PERCUTANEOUS, RADIOFREQUENCY; 2ND VE  | Yes                 |     |                   | MMP           |
| 36478  | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCL IMAGING GUIDANCE/MONITORING, PERCUTANEOUS, LASER; 1ST VEIN TREATE  | Yes                 |     |                   | MMP           |
| 36479  | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCL IMAGING GUIDANCE/MONITORING, PERCUTANEOUS, LASER; 2ND & MORE VEIN  | Yes                 |     |                   | MMP           |
| 36481  | Percutaneous portal vein catheterization by any method  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36482  | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated   | No                  |     |                   | MMP           |
| 36483  | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 36500  | Venous catheterization for selective organ blood sampling  | No                  |     |                   | MMP           |
| 36510  | Catheterization of umbilical vein for diagnosis or therapy, newborn  | No                  |     |                   | MMP           |
| 36511  | THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS   | No                  |     |                   | MMP           |
| 36512  | Therapeutic apheresis; for red blood cells   | No                  |     |                   | MMP           |
| 36513  | THERAPEUTIC APHERESIS; FOR PLATELETS   | No                  |     |                   | MMP           |
| 36514  | Therapeutic apheresis; for plasma pheresis   | No                  |     |                   | MMP           |
| 36516  | THERAPEUTIC APHERESIS;WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION   | No                  |     |                   | MMP           |
| 36522  | Photopheresis, extracorporeal  | No                  |     |                   | MMP           |
| 36555  | Insertion of non-tunneled centrally inserted central venous catheter;  | No                  |     |                   | MMP           |
| 36556  | Insertion of non-tunneled centrally inserted central venous catheter;  | No                  |     |                   | MMP           |
| 36557  | Insertion of tunneled centrally inserted central venous catheter,  | No                  |     |                   | MMP           |
| 36558  | Insertion of tunneled centrally inserted central venous catheter,  | No                  |     |                   | MMP           |
| 36560  | Insertion of tunneled centrally inserted central venous access device,   | No                  |     |                   | MMP           |
| 36561  | Insertion of tunneled centrally inserted central venous access device,   | No                  |     |                   | MMP           |
| 36563  | Insertion of tunneled centrally inserted central venous access device  | No                  |     |                   | MMP           |
| 36565  | Insertion of tunneled centrally inserted central venous access device,   | No                  |     |                   | MMP           |
| 36566  | Insertion of tunneled centrally inserted central venous access device,   | No                  |     |                   | MMP           |
| 36568  | Insertion of peripherally inserted central venous catheter (PICC),   | No                  |     |                   | MMP           |
| 36569  | Insertion of peripherally inserted central venous catheter (PICC),   | No                  |     |                   | MMP           |
| 36570  | Insertion of peripherally inserted central venous access device, with  | No                  |     |                   | MMP           |
| 36571  | Insertion of peripherally inserted central venous access device, with  | No                  |     |                   | MMP           |
| 36575  | Repair of tunneled or non-tunneled central venous access catheter,   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36576  | Repair of central venous access device, with subcutaneous port or pump,   | No                  |     |                   | MMP           |
| 36578  | Replacement, catheter only, of central venous access device, with   | No                  |     |                   | MMP           |
| 36580  | Replacement, complete, of a non-tunneled centrally inserted central   | No                  |     |                   | MMP           |
| 36581  | Replacement, complete, of a tunneled centrally inserted central venous  | No                  |     |                   | MMP           |
| 36582  | Replacement, complete, of a tunneled centrally inserted central venous  | No                  |     |                   | MMP           |
| 36583  | Replacement, complete, of a tunneled centrally inserted central venous  | No                  |     |                   | MMP           |
| 36584  | Replacement, complete, of a peripherally inserted central venous  | No                  |     |                   | MMP           |
| 36585  | Replacement, complete, of a peripherally inserted central venous access   | No                  |     |                   | MMP           |
| 36589  | Removal of tunneled central venous catheter, without subcutaneous port  | No                  |     |                   | MMP           |
| 36590  | Removal of tunneled central venous access device, with subcutaneous   | No                  |     |                   | MMP           |
| 36591  | COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE   | No                  |     |                   | MMP           |
| 36592  | COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, <u>NOT OTHERWISE SPECIFIED</u>         | No                  |     |                   | MMP           |
| 36593  | DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER  | No                  |     |                   | MMP           |
| 36595  | Mechanical removal of pericatheter obstructive material (eg, fibrin   | No                  |     |                   | MMP           |
| 36596  | Mechanical removal of intraluminal (intracatheter) obstructive material   | No                  |     |                   | MMP           |
| 36597  | Repositioning of previously placed central venous catheter under  | No                  |     |                   | MMP           |
| 36598  | CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXTG CENTRAL VENOUS ACCESS DEVICE, INCLD FLUROSCOPY, IMAGE DOCUMNTN & REPT | No                  |     |                   | MMP           |
| 36600  | Arterial puncture, withdrawal of blood for diagnosis  | No                  |     |                   | MMP           |
| 36620  | Arterial catheterization or cannulation for sampling, monitoring or   | No                  |     |                   | MMP           |
| 36625  | Arterial catheterization or cannulation for sampling, monitoring or   | No                  |     |                   | MMP           |
| 36640  | Arterial catheterization for prolonged infusion therapy (chemotherapy),   | No                  |     |                   | MMP           |
| 36660  | Catheterization, umbilical artery, newborn, for diagnosis or therapy  | No                  |     |                   | MMP           |
| 36680  | Placement of needle for intraosseous infusion   | No                  |     |                   | MMP           |
| 36800  | Insertion of cannula for hemodialysis, other purpose (separate  | No                  |     |                   | MMP           |
| 36810  | Insertion of cannula for hemodialysis, other purpose (separate  | No                  |     |                   | MMP           |
| 36815  | Insertion of cannula for hemodialysis, other purpose (separate  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36818  | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION  | No                  |     |                   | MMP           |
| 36819  | Arteriovenous anastomosis, open; by upper arm basilic vein   | No                  |     |                   | MMP           |
| 36820  | Arteriovenous anastomosis, open; by forearm vein transposition   | No                  |     |                   | MMP           |
| 36821  | Arteriovenous anastomosis, open; direct, any site (eg, Cimino type)  | No                  |     |                   | MMP           |
| 36823  | Insertion of arterial and venous cannula(s) for isolated extracorporeal  | No                  |     |                   | MMP           |
| 36825  | Creation of arteriovenous fistula by other than direct arteriovenous   | No                  |     |                   | MMP           |
| 36830  | Creation of arteriovenous fistula by other than direct arteriovenous   | No                  |     |                   | MMP           |
| 36831  | Thrombectomy, open, arteriovenous fistula without revision, autogenous   | No                  |     |                   | MMP           |
| 36832  | Revision, open, arteriovenous fistula; without thrombectomy, autogenous  | No                  |     |                   | MMP           |
| 36833  | Revision, open, arteriovenous fistula; with thrombectomy, autogenous or  | No                  |     |                   | MMP           |
| 36835  | Insertion of Thomas shunt (separate procedure)   | No                  |     |                   | MMP           |
| 36838  | DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS (STEAL SYNDROME)  | No                  |     |                   | MMP           |
| 36860  | External cannula declotting (separate procedure); without balloon  | No                  |     |                   | MMP           |
| 36861  | External cannula declotting (separate procedure); with balloon catheter  | No                  |     |                   | MMP           |
| 36901  | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;  | No                  |     |                   | MMP           |
| 36902  | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36903  | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment | No                  |     |                   | MMP           |
| 36904  | Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);  | No                  |     |                   | MMP           |
| 36905  | Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty   | No                  |     |                   | MMP           |
| 36906  | Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 36907  | Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 36908  | Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 36909  | Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)                                | No                  |     |                   | MMP           |
| 37140  | Venous anastomosis, open; portocaval   | No                  |     |                   | MMP           |
| 37145  | Venous anastomosis, open; renoportal   | No                  |     |                   | MMP           |
| 37160  | Venous anastomosis, open; caval-mesenteric   | No                  |     |                   | MMP           |
| 37180  | Venous anastomosis, open; splenorenal, proximal  | No                  |     |                   | MMP           |
| 37181  | Venous anastomosis, open; splenorenal, distal (selective decompression   | No                  |     |                   | MMP           |
| 37182  | INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S)(TIPS)(INCLUDES VENOUS ACCESS, HEPATIC & PORTAL VEIN CATHETERIZATION,  | No                  |     |                   | MMP           |
| 37183  | REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S)(TIPS)(INCLUDES VENOUS ACCESS, HEPATIC & PORTAL VEIN CATHETERIZATION,   | No                  |     |                   | MMP           |
| 37184  | PRIMARY PERCUTANEOUS TRANSLUMINAL MECH THROMBECTOMY, NONCORONARY, ARTERIAL/ARTERIAL BYPASS GRAFT, INCLD FLUOROSCOPIC GUIDANCE & INT  | No                  |     |                   | MMP           |
| 37185  | PRIMARY PERCUTANEOUS TRANSLUMINAL MECH THROMBECTOMY, NONCORONARY, ARTERIAL/ARTERIAL BYPASS GRAFT INCLDG FLUOROSCOPIC GUIDANCE & IN   | No                  |     |                   | MMP           |
| 37186  | SECONDARY PERCUTANEOUS TRANSLUMINAL MECH THROMBECTOMY, (EG, NONPRIMARY MECH, SNARE BASKET, SUCTION TENQ), NON CORONARY, ARTERIAL/A   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37187  | PERCUTANEOUS TRANSLUMINAL MECH THROMBECTOMY, VEIN(S) INCLDG INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS & FLROUSCOPIC   | No                  |     |                   | MMP           |
| 37188  | PERCUTANEOUS TRANSLUMINAL MECH THROMBECTOMY, VEIN(S) INCLDG INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS & FLROUSCOPIC   | No                  |     |                   | MMP           |
| 37191  | Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed   | No                  |     |                   | MMP           |
| 37192  | Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed   | No                  |     |                   | MMP           |
| 37193  | Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed   | No                  |     |                   | MMP           |
| 37195  | Thrombolysis, cerebral, by intravenous infusion   | No                  |     |                   | MMP           |
| 37197  | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed  | No                  |     |                   | MMP           |
| 37200  | Transcatheter biopsy  | No                  |     |                   | MMP           |
| 37211  | Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day   | No                  |     |                   | MMP           |
| 37212  | Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day   | No                  |     |                   | MMP           |
| 37213  | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37214  | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method | No                  |     |                   | MMP           |
| 37215  | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID  | No                  |     |                   | MMP           |
| 37216  | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITHOUT DISTAL EMBOLIC PROTECTION  | No                  |     |                   | MMP           |
| 37217  | Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 37218  | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 37220  | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty   | No                  |     |                   | MMP           |
| 37221  | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed   | No                  |     |                   | MMP           |
| 37222  | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 37223  | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 37224  | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty   | No                  |     |                   | MMP           |
| 37225  | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37226  | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed   | No                  |     |                   | MMP           |
| 37227  | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed   | No                  |     |                   | MMP           |
| 37228  | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty  | No                  |     |                   | MMP           |
| 37229  | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed  | No                  |     |                   | MMP           |
| 37230  | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed  | No                  |     |                   | MMP           |
| 37231  | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed  | No                  |     |                   | MMP           |
| 37232  | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 37233  | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)                                     | No                  |     |                   | MMP           |
| 37234  | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)                 | No                  |     |                   | MMP           |
| 37235  | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37236  | Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery   | No                  |     |                   | MMP           |
| 37237  | Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 37238  | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein  | No                  |     |                   | MMP           |
| 37239  | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 37241  | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)   | No                  |     |                   | MMP           |
| 37242  | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)   | No                  |     |                   | MMP           |
| 37243  | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37244  | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation   | No                  |     |                   | MMP           |
| 37246  | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery   | No                  |     |                   | MMP           |
| 37247  | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 37248  | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein  | No                  |     |                   | MMP           |
| 37249  | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 37252  | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 37253  | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure); Each additional noncoronary vessel  | No                  |     |                   | MMP           |
| 37500  | Vascular endoscopy, surgical, with ligation of perforator veins,   | No                  |     |                   | MMP           |
| 37501  | UNLISTED VASCULAR ENDOSCOPY PROCEDURES   | Yes                 |     |                   | MMP           |
| 37565  | Ligation, internal jugular vein  | No                  |     |                   | MMP           |
| 37600  | Ligation; external carotid artery  | No                  |     |                   | MMP           |
| 37605  | Ligation; internal or common carotid artery  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 37606  | Ligation; internal or common carotid artery, with gradual occlusion, as                                      | No                  |     |                   | MMP           |
| 37607  | Ligation or banding of angioaccess arteriovenous fistula   | No                  |     |                   | MMP           |
| 37609  | LIGATION OR BIOPSY, TEMPORAL ARTERY  | No                  |     |                   | MMP           |
| 37615  | Ligation, major artery (eg, post-traumatic, rupture); neck   | No                  |     |                   | MMP           |
| 37616  | Ligation, major artery (eg, post-traumatic, rupture); chest  | No                  |     |                   | MMP           |
| 37617  | Ligation, major artery (eg, post-traumatic, rupture); abdomen  | No                  |     |                   | MMP           |
| 37618  | Ligation, major artery (eg, post-traumatic, rupture); extremity  | No                  |     |                   | MMP           |
| 37619  | Ligation of inferior vena cava   | No                  |     |                   | MMP           |
| 37650  | Ligation of femoral vein   | No                  |     |                   | MMP           |
| 37660  | Ligation of common iliac vein  | No                  |     |                   | MMP           |
| 37700  | Ligation and division of long saphenous vein at saphenofemoral junction,                                     | Yes                 |     |                   | MMP           |
| 37718  | LIGATION, DIVISION & STRIPPING, SHORT SAPHENOUS VEIN   | Yes                 |     |                   | MMP           |
| 37722  | LIGATION, DIVISION & STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW | Yes                 |     |                   | MMP           |
| 37735  | Ligation and division and complete stripping of long or short saphenous                                      | Yes                 |     |                   | MMP           |
| 37760  | Ligation of perforator veins, subfascial, radical (Linton type), with or                                     | Yes                 |     |                   | MMP           |
| 37761  | LIGATION OF PERFORATOR VEINS(S), SUBFASCIAL, OPEN INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG       | Yes                 |     |                   | MMP           |
| 37765  | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS                                      | Yes                 |     |                   | MMP           |
| 37766  | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS                                    | Yes                 |     |                   | MMP           |
| 37780  | LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)              | Yes                 |     |                   | MMP           |
| 37785  | LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN (CLUSTERS), ONE LEG                                     | Yes                 |     |                   | MMP           |
| 37788  | Penile revascularization, artery, with or without vein graft   | Yes                 |     |                   | MMP           |
| 37790  | Penile venous occlusive procedure  | Yes                 |     |                   | MMP           |
| 37799  | UNLISTED PROCEDURE, VASCULAR SURGERY   | Yes                 |     |                   | MMP           |
| 38100  | Splenectomy; total (separate procedure)  | No                  |     |                   | MMP           |
| 38101  | Splenectomy; partial (separate procedure)  | No                  |     |                   | MMP           |
| 38102  | Splenectomy; total, en bloc for extensive disease, in conjunction with                                       | No                  |     |                   | MMP           |
| 38115  | Repair of ruptured spleen (splenorrhaphy) with or without partial  | No                  |     |                   | MMP           |
| 38120  | Laparoscopy, surgical, splenectomy   | No                  |     |                   | MMP           |
| 38129  | UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN   | Yes                 |     |                   | MMP           |
| 38200  | Injection procedure for splenoportography  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 38204  | MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION               | No                  |                       |                   | MMP           |
| 38205  | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANPLANTATION, PER COLLECTION; ALLOGENIC  | Yes                 |                       |                   | MMP           |
| 38206  | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANPLANTATION, PER COLLECTION; AUTOLOGOUS | Yes                 |                       |                   | MMP           |
| 38207  | TRANSPLANT PREPARATION OF OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE             | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38208  | THAWING OF PREVIOUSLY FROZEN HARVEST, WITHOUT WASHING   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38209  | THAWING OF PREVIOUSLY FROZEN HARVEST, WITH WASHING  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38210  | SPECIFIC CELL DEPLETION WITH HARVEST, T-CELL DEPLETION  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38211  | TUMOR CELL DEPLETION  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38212  | RED BLOOD CELL REMOVAL  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38213  | PLATELET DEPLETION  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38214  | PLASMA (VOLUME) DEPLETION   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38215  | CELL CONCENTRATION IN PLASMA, MONONUCLEAR, OR BUFFY COAT LAYER  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 38220  | Bone marrow; aspiration only  | No                  |                       |                   | MMP           |
| 38221  | Bone marrow; biopsy, needle or trocar   | No                  |                       |                   | MMP           |
| 38222  | Diagnostic bone marrow; biopsy(ies) and aspiration(s)   | No                  |                       |                   | MMP           |
| 38230  | BONE MARROW HARVESTING FOR TRANSPLANTATION  | Yes                 |                       |                   | MMP           |
| 38232  | Bone marrow harvesting for transplantation; autologous  | Yes                 |                       |                   | MMP           |
| 38240  | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC                          | Yes                 |                       |                   | MMP           |
| 38241  | BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; AUTOLOGOUS                         | Yes                 |                       |                   | MMP           |
| 38242  | ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS   | Yes                 |                       |                   | MMP           |
| 38243  | Hematopoietic progenitor cell (HPC); HPC boost  | Yes                 |                       |                   | MMP           |
| 38300  | Drainage of lymph node abscess or lymphadenitis; simple   | No                  |                       |                   | MMP           |
| 38305  | Drainage of lymph node abscess or lymphadenitis; extensive  | No                  |                       |                   | MMP           |
| 38308  | Lymphangiectomy or other operations on lymphatic channels   | No                  |                       |                   | MMP           |
| 38380  | Suture and/or ligation of thoracic duct; cervical approach  | No                  |                       |                   | MMP           |
| 38381  | Suture and/or ligation of thoracic duct; thoracic approach  | No                  |                       |                   | MMP           |
| 38382  | Suture and/or ligation of thoracic duct; abdominal approach   | No                  |                       |                   | MMP           |
| 38500  | Biopsy or excision of lymph node(s); open, superficial  | No                  |                       |                   | MMP           |
| 38505  | Biopsy or excision of lymph node(s); by needle, superficial (eg,                                      | No                  |                       |                   | MMP           |
| 38510  | Biopsy or excision of lymph node(s); open, deep cervical node(s)                                      | No                  |                       |                   | MMP           |
| 38520  | Biopsy or excision of lymph node(s); open, deep cervical node(s) with                                 | No                  |                       |                   | MMP           |
| 38525  | Biopsy or excision of lymph node(s); open, deep axillary node(s)                                      | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 38530  | Biopsy or excision of lymph node(s); open, internal mammary node(s)   | No                  |     |                   | MMP           |
| 38542  | Dissection, deep jugular node(s)  | No                  |     |                   | MMP           |
| 38550  | Excision of cystic hygroma, axillary or cervical; without deep  | No                  |     |                   | MMP           |
| 38555  | Excision of cystic hygroma, axillary or cervical; with deep   | No                  |     |                   | MMP           |
| 38562  | Limited lymphadenectomy for staging (separate procedure); pelvic and  | No                  |     |                   | MMP           |
| 38564  | Limited lymphadenectomy for staging (separate procedure);   | No                  |     |                   | MMP           |
| 38570  | Laparoscopy, surgical; with retroperitoneal lymph node sampling   | No                  |     |                   | MMP           |
| 38571  | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy  | No                  |     |                   | MMP           |
| 38572  | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and  | No                  |     |                   | MMP           |
| 38573  | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed | No                  |     |                   | MMP           |
| 38589  | UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM  | Yes                 |     |                   | MMP           |
| 38700  | Suprahyoid lymphadenectomy  | No                  |     |                   | MMP           |
| 38720  | Cervical lymphadenectomy (complete)   | No                  |     |                   | MMP           |
| 38724  | Cervical lymphadenectomy (modified radical neck dissection)   | No                  |     |                   | MMP           |
| 38740  | Axillary lymphadenectomy; superficial   | No                  |     |                   | MMP           |
| 38745  | Axillary lymphadenectomy; complete  | No                  |     |                   | MMP           |
| 38746  | Thoracic lymphadenectomy, regional, including mediastinal and   | No                  |     |                   | MMP           |
| 38747  | Abdominal lymphadenectomy, regional, including celiac, gastric, portal,   | No                  |     |                   | MMP           |
| 38760  | Inguinofemoral lymphadenectomy, superficial, including Cloquets node  | No                  |     |                   | MMP           |
| 38765  | Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic  | No                  |     |                   | MMP           |
| 38770  | Pelvic lymphadenectomy, including external iliac, hypogastric, and  | No                  |     |                   | MMP           |
| 38780  | Retroperitoneal transabdominal lymphadenectomy, extensive, including  | No                  |     |                   | MMP           |
| 38790  | Injection procedure; lymphangiography   | No                  |     |                   | MMP           |
| 38792  | Injection procedure; for identification of sentinel node  | No                  |     |                   | MMP           |
| 38794  | Cannulation, thoracic duct  | No                  |     |                   | MMP           |
| 38900  | Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 38999  | UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM   | Yes                 |     |                   | MMP           |
| 39000  | Mediastinotomy with exploration, drainage, removal of foreign body, or  | No                  |     |                   | MMP           |
| 39010  | Mediastinotomy with exploration, drainage, removal of foreign body, or  | No                  |     |                   | MMP           |
| 39200  | Excision of mediastinal cyst  | No                  |     |                   | MMP           |
| 39220  | Excision of mediastinal tumor   | No                  |     |                   | MMP           |
| 39401  | Mediastinoscopy; includes biopsy(ies) of mediastinal mass (e.g., lymphoma), when performed  | No                  |     |                   | MMP           |



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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 39402  | Mediastinoscopy; includes biopsy(ies) of mediastinal mass (e.g., lymphoma), when performed with lymph node biopsy(ies) (e.g., lung cancer staging) | No                  |     |                   | MMP           |
| 39499  | UNLISTED PROCEDURE, MEDIASTINUM  | Yes                 |     |                   | MMP           |
| 39501  | Repair, laceration of diaphragm, any approach  | No                  |     |                   | MMP           |
| 39503  | Repair, neonatal diaphragmatic hernia, with or without chest tube  | No                  |     |                   | MMP           |
| 39540  | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute   | No                  |     |                   | MMP           |
| 39541  | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic   | No                  |     |                   | MMP           |
| 39545  | Imbrication of diaphragm for eventration, transthoracic or   | No                  |     |                   | MMP           |
| 39560  | Resection, diaphragm; with simple repair (eg, primary suture)  | No                  |     |                   | MMP           |
| 39561  | Resection, diaphragm; with complex repair (eg, prosthetic material,  | No                  |     |                   | MMP           |
| 39599  | UNLISTED PROCEDURE, DIAPHRAGM  | Yes                 |     |                   | MMP           |
| 40490  | Biopsy of lip  | No                  |     |                   | MMP           |
| 40500  | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT  | No                  |     |                   | MMP           |
| 40510  | EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE  | No                  |     |                   | MMP           |
| 40520  | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE   | No                  |     |                   | MMP           |
| 40525  | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)   | No                  |     |                   | MMP           |
| 40527  | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)   | No                  |     |                   | MMP           |
| 40530  | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION   | No                  |     |                   | MMP           |
| 40650  | REPAIR LIP, FULL THICKNESS; VERMILION ONLY   | No                  |     |                   | MMP           |
| 40652  | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT   | No                  |     |                   | MMP           |
| 40654  | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX  | No                  |     |                   | MMP           |
| 40700  | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL  | No                  |     |                   | MMP           |
| 40701  | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE  | No                  |     |                   | MMP           |
| 40702  | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES  | No                  |     |                   | MMP           |
| 40720  | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE  | No                  |     |                   | MMP           |
| 40761  | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTING                 | No                  |     |                   | MMP           |
| 40799  | UNLISTED PROCEDURE, LIPS   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 40800  | DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE         | No                  |     |                   | MMP           |
| 40801  | Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated    | No                  |     |                   | MMP           |
| 40804  | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE            | No                  |     |                   | MMP           |
| 40805  | Removal of embedded foreign body, vestibule of mouth; complicated       | No                  |     |                   | MMP           |
| 40806  | INCISION OF LABIAL FRENUM (FRENOTOMY)                                   | No                  |     |                   | MMP           |
| 40808  | Biopsy, vestibule of mouth  | No                  |     |                   | MMP           |
| 40810  | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH          | No                  |     |                   | MMP           |
| 40812  | Excision of lesion of mucosa and submucosa, vestibule of mouth; with    | No                  |     |                   | MMP           |
| 40814  | Excision of lesion of mucosa and submucosa, vestibule of mouth; with    | No                  |     |                   | MMP           |
| 40816  | Excision of lesion of mucosa and submucosa, vestibule of mouth;         | No                  |     |                   | MMP           |
| 40818  | Excision of mucosa of vestibule of mouth as donor graft                 | No                  |     |                   | MMP           |
| 40819  | Excision of frenum, labial or buccal (frenumectomy, frenulectomy,       | Yes                 |     |                   | MMP           |
| 40820  | Destruction of lesion or scar of vestibule of mouth by physical methods | No                  |     |                   | MMP           |
| 40830  | Closure of laceration, vestibule of mouth; 2.5 cm or less               | No                  |     |                   | MMP           |
| 40831  | Closure of laceration, vestibule of mouth; over 2.5 cm or complex       | No                  |     |                   | MMP           |
| 40840  | Vestibuloplasty; anterior   | No                  |     |                   | MMP           |
| 40842  | Vestibuloplasty; posterior, unilateral                                  | No                  |     |                   | MMP           |
| 40843  | Vestibuloplasty; posterior, bilateral                                   | No                  |     |                   | MMP           |
| 40844  | Vestibuloplasty; entire arch  | No                  |     |                   | MMP           |
| 40845  | Vestibuloplasty; complex (including ridge extension, muscle             | No                  |     |                   | MMP           |
| 40899  | UNLISTED PROCEDURE, VESTIBULE OF MOUTH                                  | Yes                 |     |                   | MMP           |
| 41000  | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue | No                  |     |                   | MMP           |
| 41005  | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue | No                  |     |                   | MMP           |
| 41006  | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue | No                  |     |                   | MMP           |
| 41007  | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue | No                  |     |                   | MMP           |
| 41008  | Drainage of mouth lesion  | No                  |     |                   | MMP           |
| 41009  | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue | No                  |     |                   | MMP           |
| 41010  | INCISION OF LINGUAL FRENUM (FRENOTOMY)                                  | Yes                 |     |                   | MMP           |
| 41015  | Extraoral incision and drainage of abscess, cyst, or hematoma of floor  | No                  |     |                   | MMP           |
| 41016  | Extraoral incision and drainage of abscess, cyst, or hematoma of floor  | No                  |     |                   | MMP           |
| 41017  | Extraoral incision and drainage of abscess, cyst, or hematoma of floor  | No                  |     |                   | MMP           |
| 41018  | Extraoral incision and drainage of abscess, cyst, or hematoma of floor  | No                  |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--|---------------------|-----|-------------------|---------------|
| 41019 | PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION | No                  |     |                   | MMP           |
| 41100 | Biopsy of tongue; anterior two-thirds  | No                  |     |                   | MMP           |
| 41105 | Biopsy of tongue; posterior one-third  | No                  |     |                   | MMP           |
| 41108 | Biopsy of floor of mouth   | No                  |     |                   | MMP           |
| 41110 | Excision of lesion of tongue without closure   | No                  |     |                   | MMP           |
| 41112 | Excision of lesion of tongue with closure; anterior two-thirds   | No                  |     |                   | MMP           |
| 41113 | Excision of lesion of tongue with closure; posterior one-third   | No                  |     |                   | MMP           |
| 41114 | Excision of lesion of tongue with closure; with local tongue flap  | No                  |     |                   | MMP           |
| 41115 | EXCISION OF LINGUAL FRENUM (FRENECTOMY)  | Yes                 |     |                   | MMP           |
| 41116 | Excision, lesion of floor of mouth   | No                  |     |                   | MMP           |
| 41120 | Glossectomy; less than one-half tongue   | No                  |     |                   | MMP           |
| 41130 | Glossectomy; hemiglossectomy   | No                  |     |                   | MMP           |
| 41135 | Glossectomy; partial, with unilateral radical neck dissection  | No                  |     |                   | MMP           |
| 41140 | Glossectomy; complete or total, with or without tracheostomy, without  | No                  |     |                   | MMP           |
| 41145 | Glossectomy; complete or total, with or without tracheostomy, with   | No                  |     |                   | MMP           |
| 41150 | Glossectomy; composite procedure with resection floor of mouth and   | No                  |     |                   | MMP           |
| 41153 | Glossectomy; composite procedure with resection floor of mouth, with   | No                  |     |                   | MMP           |
| 41155 | Glossectomy; composite procedure with resection floor of mouth,  | No                  |     |                   | MMP           |
| 41250 | Repair of laceration 2.5 cm or less; floor of mouth and/or anterior  | No                  |     |                   | MMP           |
| 41251 | Repair of laceration 2.5 cm or less; posterior one-third of tongue   | No                  |     |                   | MMP           |
| 41252 | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex   | No                  |     |                   | MMP           |
| 41500 | Fixation of tongue, mechanical, other than suture (eg, K-wire)   | No                  |     |                   | MMP           |
| 41510 | Suture of tongue to lip for micrognathia (Douglas type procedure)  | No                  |     |                   | MMP           |
| 41520 | Frenoplasty (surgical revision of frenum, eg, with Z-plasty)   | No                  |     |                   | MMP           |
| 41530 | Submucosal ablation of the tongue base, radiofrequency, one or more sites; per session   | No                  |     |                   | MMP           |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH   | Yes                 |     |                   | MMP           |
| 41800 | Drainage of abscess, cyst, hematoma from dentoalveolar structures  | No                  |     |                   | MMP           |
| 41805 | Removal of embedded foreign body from dentoalveolar structures; soft   | No                  |     |                   | MMP           |
| 41806 | Removal of embedded foreign body from dentoalveolar structures; bone   | No                  |     |                   | MMP           |
| 41820 | Gingivectomy, excision gingiva, each quadrant  | No                  |     |                   | MMP           |
| 41821 | Operculectomy, excision pericoronal tissues  | No                  |     |                   | MMP           |
| 41822 | Excision of fibrous tuberosities, dentoalveolar structures   | Yes                 |     |                   | MMP           |
| 41823 | Excision of osseous tuberosities, dentoalveolar structures   | Yes                 |     |                   | MMP           |
| 41825 | Excision of lesion or tumor (except listed above), dentoalveolar   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 41826  | Excision of lesion or tumor (except listed above), dentoalveolar  | Yes                 |     |                   | MMP           |
| 41827  | Excision of lesion or tumor (except listed above), dentoalveolar  | Yes                 |     |                   | MMP           |
| 41828  | Excision of hyperplastic alveolar mucosa, each quadrant (specify)   | Yes                 |     |                   | MMP           |
| 41830  | Alveolectomy, including curettage of osteitis or sequestrectomy   | Yes                 |     |                   | MMP           |
| 41850  | Destruction of lesion (except excision), dentoalveolar structures   | No                  |     |                   | MMP           |
| 41870  | Periodontal mucosal grafting  | No                  |     |                   | MMP           |
| 41872  | Gingivoplasty, each quadrant (specify)  | Yes                 |     |                   | MMP           |
| 41874  | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)  | Yes                 |     |                   | MMP           |
| 41899  | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES  | Yes                 |     |                   | MMP           |
| 42000  | Drainage of abscess of palate, uvula  | No                  |     |                   | MMP           |
| 42100  | Biopsy of palate, uvula   | No                  |     |                   | MMP           |
| 42104  | Excision, lesion of palate, uvula; without closure  | No                  |     |                   | MMP           |
| 42106  | Excision, lesion of palate, uvula; with simple primary closure  | No                  |     |                   | MMP           |
| 42107  | Excision, lesion of palate, uvula; with local flap closure  | No                  |     |                   | MMP           |
| 42120  | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION  | No                  |     |                   | MMP           |
| 42140  | UVULECTOMY, EXCISION OF UVULA   | No                  |     |                   | MMP           |
| 42145  | PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)   | No                  |     |                   | MMP           |
| 42160  | DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)  | No                  |     |                   | MMP           |
| 42180  | Repair, laceration of palate; up to 2 cm  | No                  |     |                   | MMP           |
| 42182  | Repair, laceration of palate; over 2 cm or complex  | No                  |     |                   | MMP           |
| 42200  | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY   | No                  |     |                   | MMP           |
| 42205  | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY   | No                  |     |                   | MMP           |
| 42210  | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT) | No                  |     |                   | MMP           |
| 42215  | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION   | No                  |     |                   | MMP           |
| 42220  | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE  | No                  |     |                   | MMP           |
| 42225  | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP   | No                  |     |                   | MMP           |
| 42226  | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP  | No                  |     |                   | MMP           |
| 42227  | LENGTHENING OF PALATE, WITH ISLAND FLAP   | No                  |     |                   | MMP           |
| 42235  | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP   | No                  |     |                   | MMP           |
| 42260  | REPAIR OF NASOLABIAL FISTULA  | No                  |     |                   | MMP           |
| 42280  | MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS   | No                  |     |                   | MMP           |
| 42281  | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS  | No                  |     |                   | MMP           |
| 42299  | UNLISTED PROCEDURE, PALATE, UVULA   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 42300  | Drainage of abscess; parotid, simple                                     | No                  |     |                   | MMP           |
| 42305  | Drainage of abscess; parotid, complicated                                | No                  |     |                   | MMP           |
| 42310  | Drainage of abscess; submaxillary or sublingual, intraoral               | No                  |     |                   | MMP           |
| 42320  | Drainage of abscess; submaxillary, external                              | No                  |     |                   | MMP           |
| 42330  | Sialolithotomy; submandibular (submaxillary), sublingual or parotid,     | No                  |     |                   | MMP           |
| 42335  | Sialolithotomy; submandibular (submaxillary), complicated, intraoral     | No                  |     |                   | MMP           |
| 42340  | Sialolithotomy; parotid, extraoral or complicated intraoral              | No                  |     |                   | MMP           |
| 42400  | Biopsy of salivary gland; needle   | No                  |     |                   | MMP           |
| 42405  | Biopsy of salivary gland; incisional                                     | No                  |     |                   | MMP           |
| 42408  | Excision of sublingual salivary cyst (ranula)                            | No                  |     |                   | MMP           |
| 42409  | Marsupialization of sublingual salivary cyst (ranula)                    | No                  |     |                   | MMP           |
| 42410  | Excision of parotid tumor or parotid gland; lateral lobe, without nerve  | No                  |     |                   | MMP           |
| 42415  | Excision of parotid tumor or parotid gland; lateral lobe, with           | No                  |     |                   | MMP           |
| 42420  | Excision of parotid tumor or parotid gland; total, with dissection and   | No                  |     |                   | MMP           |
| 42425  | Excision of parotid tumor or parotid gland; total, en bloc removal with  | No                  |     |                   | MMP           |
| 42426  | Excision of parotid tumor or parotid gland; total, with unilateral       | No                  |     |                   | MMP           |
| 42440  | Excision of submandibular (submaxillary) gland                           | No                  |     |                   | MMP           |
| 42450  | Excision of sublingual gland   | No                  |     |                   | MMP           |
| 42500  | Plastic repair of salivary duct, sialodochoplasty; primary or simple     | No                  |     |                   | MMP           |
| 42505  | Plastic repair of salivary duct, sialodochoplasty; secondary or          | No                  |     |                   | MMP           |
| 42507  | Parotid duct diversion, bilateral (Wilke type procedure);                | No                  |     |                   | MMP           |
| 42509  | Parotid duct diversion, bilateral (Wilke type procedure); with excision  | No                  |     |                   | MMP           |
| 42510  | Parotid duct diversion, bilateral (Wilke type procedure); with ligation  | No                  |     |                   | MMP           |
| 42550  | Injection procedure for sialography                                      | No                  |     |                   | MMP           |
| 42600  | Closure salivary fistula   | No                  |     |                   | MMP           |
| 42650  | Dilation salivary duct   | No                  |     |                   | MMP           |
| 42660  | Dilation and catheterization of salivary duct, with or without injection | No                  |     |                   | MMP           |
| 42665  | Ligation salivary duct, intraoral  | No                  |     |                   | MMP           |
| 42699  | UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS                             | Yes                 |     |                   | MMP           |
| 42700  | Incision and drainage abscess; peritonsillar                             | No                  |     |                   | MMP           |
| 42720  | Incision and drainage abscess; retropharyngeal or parapharyngeal,        | No                  |     |                   | MMP           |
| 42725  | Incision and drainage abscess; retropharyngeal or parapharyngeal,        | No                  |     |                   | MMP           |
| 42800  | Biopsy; oropharynx   | No                  |     |                   | MMP           |
| 42804  | Biopsy; nasopharynx, visible lesion, simple                              | No                  |     |                   | MMP           |
| 42806  | Biopsy; nasopharynx, survey for unknown primary lesion                   | No                  |     |                   | MMP           |
| 42808  | Excision or destruction of lesion of pharynx, any method                 | No                  |     |                   | MMP           |
| 42809  | Removal of foreign body from pharynx                                     | No                  |     |                   | MMP           |
| 42810  | Excision branchial cleft cyst or vestige, confined to skin and           | No                  |     |                   | MMP           |
| 42815  | Excision branchial cleft cyst, vestige, or fistula, extending beneath    | No                  |     |                   | MMP           |
| 42820  | Tonsillectomy and adenoidectomy; under age 12                            | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 42821  | Tonsillectomy and adenoidectomy; age 12 or over                         | No                  |     |                   | MMP           |
| 42825  | Tonsillectomy, primary or secondary; under age 12                       | No                  |     |                   | MMP           |
| 42826  | Tonsillectomy, primary or secondary; age 12 or over                     | No                  |     |                   | MMP           |
| 42830  | Adenoidectomy, primary; under age 12                                    | No                  |     |                   | MMP           |
| 42831  | Adenoidectomy, primary; age 12 or over                                  | No                  |     |                   | MMP           |
| 42835  | Adenoidectomy, secondary; under age 12                                  | No                  |     |                   | MMP           |
| 42836  | Adenoidectomy, secondary; age 12 or over                                | No                  |     |                   | MMP           |
| 42842  | Radical resection of tonsil, tonsillar pillars, and/or retromolar       | No                  |     |                   | MMP           |
| 42844  | Radical resection of tonsil, tonsillar pillars, and/or retromolar       | No                  |     |                   | MMP           |
| 42845  | Radical resection of tonsil, tonsillar pillars, and/or retromolar       | No                  |     |                   | MMP           |
| 42860  | Excision of tonsil tags   | No                  |     |                   | MMP           |
| 42870  | Excision or destruction lingual tonsil, any method (separate procedure) | No                  |     |                   | MMP           |
| 42890  | Limited pharyngectomy   | No                  |     |                   | MMP           |
| 42892  | Resection of lateral pharyngeal wall or pyriform sinus, direct closure  | No                  |     |                   | MMP           |
| 42894  | Resection of pharyngeal wall requiring closure with myocutaneous flap   | No                  |     |                   | MMP           |
| 42900  | Suture pharynx for wound or injury                                      | No                  |     |                   | MMP           |
| 42950  | Pharyngoplasty (plastic or reconstructive operation on pharynx)         | No                  |     |                   | MMP           |
| 42953  | Pharyngoesophageal repair   | No                  |     |                   | MMP           |
| 42955  | Pharyngostomy (fistulization of pharynx, external for feeding)          | No                  |     |                   | MMP           |
| 42960  | Control oropharyngeal hemorrhage, primary or secondary (eg,             | No                  |     |                   | MMP           |
| 42961  | Control oropharyngeal hemorrhage, primary or secondary (eg,             | No                  |     |                   | MMP           |
| 42962  | Control oropharyngeal hemorrhage, primary or secondary (eg,             | No                  |     |                   | MMP           |
| 42970  | Control of nasopharyngeal hemorrhage, primary or secondary (eg,         | No                  |     |                   | MMP           |
| 42971  | Control of nasopharyngeal hemorrhage, primary or secondary (eg,         | No                  |     |                   | MMP           |
| 42972  | Control of nasopharyngeal hemorrhage, primary or secondary (eg,         | No                  |     |                   | MMP           |
| 42999  | UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS                       | Yes                 |     |                   | MMP           |
| 43020  | Esophagotomy, cervical approach, with removal of foreign body           | No                  |     |                   | MMP           |
| 43030  | Cricopharyngeal myotomy   | No                  |     |                   | MMP           |
| 43045  | Esophagotomy, thoracic approach, with removal of foreign body           | No                  |     |                   | MMP           |
| 43100  | Excision of lesion, esophagus, with primary repair; cervical approach   | No                  |     |                   | MMP           |
| 43101  | Excision of lesion, esophagus, with primary repair; thoracic or         | No                  |     |                   | MMP           |
| 43107  | Total or near total esophagectomy, without thoracotomy; with            | No                  |     |                   | MMP           |
| 43108  | Total or near total esophagectomy, without thoracotomy; with colon      | No                  |     |                   | MMP           |
| 43112  | Total or near total esophagectomy, with thoracotomy; with               | No                  |     |                   | MMP           |
| 43113  | Total or near total esophagectomy, with thoracotomy; with colon         | No                  |     |                   | MMP           |
| 43116  | Partial esophagectomy, cervical, with free intestinal graft, including  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43117  | Partial esophagectomy, distal two-thirds, with thoracotomy and separate  | No                  |     |                   | MMP           |
| 43118  | Partial esophagectomy, distal two-thirds, with thoracotomy and separate  | No                  |     |                   | MMP           |
| 43121  | Partial esophagectomy, distal two-thirds, with thoracotomy only, with or   | No                  |     |                   | MMP           |
| 43122  | Partial esophagectomy, thoracoabdominal or abdominal approach, with or   | No                  |     |                   | MMP           |
| 43123  | Partial esophagectomy, thoracoabdominal or abdominal approach, with or   | No                  |     |                   | MMP           |
| 43124  | Total or partial esophagectomy, without reconstruction (any approach),   | No                  |     |                   | MMP           |
| 43130  | Diverticulectomy of hypopharynx or esophagus, with or without myotomy;   | No                  |     |                   | MMP           |
| 43135  | Diverticulectomy of hypopharynx or esophagus, with or without myotomy;   | No                  |     |                   | MMP           |
| 43180  | Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed | No                  |     |                   | MMP           |
| 43191  | Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)  | No                  |     |                   | MMP           |
| 43192  | Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance  | No                  |     |                   | MMP           |
| 43193  | Esophagoscopy, rigid, transoral; with biopsy, single or multiple   | No                  |     |                   | MMP           |
| 43194  | Esophagoscopy, rigid, transoral; with removal of foreign body  | No                  |     |                   | MMP           |
| 43195  | Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)  | No                  |     |                   | MMP           |
| 43196  | Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire   | No                  |     |                   | MMP           |
| 43197  | Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)   | No                  |     |                   | MMP           |
| 43198  | Esophagoscopy, flexible, transnasal; with biopsy, single or multiple   | No                  |     |                   | MMP           |
| 43200  | Esophagoscopy, rigid or flexible; diagnostic, with or without collection   | No                  |     |                   | MMP           |
| 43201  | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTIONS(S), ANY SUBSTANCE  | No                  |     |                   | MMP           |
| 43202  | Esophagoscopy, rigid or flexible; with biopsy, single or multiple  | No                  |     |                   | MMP           |
| 43204  | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES   | No                  |     |                   | MMP           |
| 43205  | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES   | No                  |     |                   | MMP           |
| 43206  | Esophagoscopy, rigid or flexible; with optical endomicroscopy  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43210  | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | No                  |     |                   | MMP           |
| 43211  | Esophagoscopy, flexible, transoral; with endoscopic mucosal resection  | No                  |     |                   | MMP           |
| 43212  | Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)  | No                  |     |                   | MMP           |
| 43213  | Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)   | No                  |     |                   | MMP           |
| 43214  | Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)  | No                  |     |                   | MMP           |
| 43215  | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY   | No                  |     |                   | MMP           |
| 43216  | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY  | No                  |     |                   | MMP           |
| 43217  | Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or   | No                  |     |                   | MMP           |
| 43220  | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)   | No                  |     |                   | MMP           |
| 43226  | Esophagoscopy, rigid or flexible; with insertion of guide wire followed  | No                  |     |                   | MMP           |
| 43227  | Esophagoscopy, rigid or flexible; with control of bleeding (eg,  | No                  |     |                   | MMP           |
| 43229  | Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)   | No                  |     |                   | MMP           |
| 43231  | Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination   | No                  |     |                   | MMP           |
| 43232  | Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided   | No                  |     |                   | MMP           |
| 43233  | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)   | No                  |     |                   | MMP           |
| 43235  | Upper gastrointestinal endoscopy including esophagus, stomach, and   | No                  |     |                   | MMP           |
| 43236  | Upper gastrointestinal endoscopy including esophagus, stomach, and   | No                  |     |                   | MMP           |
| 43237  | Upper gastrointestinal endoscopy including esophagus, stomach, and   | No                  |     |                   | MMP           |
| 43238  | Upper gastrointestinal endoscopy including esophagus, stomach, and   | No                  |     |                   | MMP           |
| 43239  | Upper gastrointestinal endoscopy including esophagus, stomach, and   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43240  | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH TRANSMURAL DRAINAGE OF PSEUDOCYST  | No                  |     |                   | MMP           |
| 43241  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43242  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43243  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43244  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43245  | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DILATIO  | No                  |     |                   | MMP           |
| 43246  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43247  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43248  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43249  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43250  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43251  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43252  | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy   | No                  |     |                   | MMP           |
| 43253  | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) | No                  |     |                   | MMP           |
| 43254  | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection  | No                  |     |                   | MMP           |
| 43255  | UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH CONTROL  | No                  |     |                   | MMP           |
| 43257  | UPPER GI ENDOSCOPY INCL ESOPHAGUS, STOMACH & DUODENUM &/OR JEJUNUM; W/DELIVERY OF THERMAL ENERGY TO SPHINCTER MUSCLE FOR GERD TX.   | No                  |     |                   | MMP           |
| 43259  | Upper gastrointestinal endoscopy including esophagus, stomach, and  | No                  |     |                   | MMP           |
| 43260  | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic,  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43261  | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy,   | No                  |     |                   | MMP           |
| 43262  | Endoscopic retrograde cholangiopancreatography (ERCP); with   | No                  |     |                   | MMP           |
| 43263  | Endoscopic retrograde cholangiopancreatography (ERCP); with pressure  | No                  |     |                   | MMP           |
| 43264  | Endoscopic retrograde cholangiopancreatography (ERCP); with   | No                  |     |                   | MMP           |
| 43265  | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF STONE(S), ANY METHOD  | No                  |     |                   | MMP           |
| 43266  | Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)  | No                  |     |                   | MMP           |
| 43270  | Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)   | No                  |     |                   | MMP           |
| 43273  | Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure)   | No                  |     |                   | MMP           |
| 43274  | Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent          | No                  |     |                   | MMP           |
| 43275  | Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)  | No                  |     |                   | MMP           |
| 43276  | Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged | No                  |     |                   | MMP           |
| 43277  | Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct   | No                  |     |                   | MMP           |
| 43278  | Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43279  | Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed  | No                  |     |                   | MMP           |
| 43280  | Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet  | No                  |     |                   | MMP           |
| 43281  | LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCL FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH  | No                  |     |                   | MMP           |
| 43282  | LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCL FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH   | No                  |     |                   | MMP           |
| 43283  | Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 43284  | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed  | No                  |     |                   | MMP           |
| 43285  | Removal of esophageal sphincter augmentation device   | No                  |     |                   | MMP           |
| 43286  | Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)   | No                  |     |                   | MMP           |
| 43287  | Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)                         | No                  |     |                   | MMP           |
| 43288  | Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy) | No                  |     |                   | MMP           |
| 43289  | UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS   | Yes                 |     |                   | MMP           |
| 43300  | Esophagoplasty (plastic repair or reconstruction), cervical approach;   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43305  | Esophagoplasty (plastic repair or reconstruction), cervical approach;   | No                  |     |                   | MMP           |
| 43310  | Esophagoplasty (plastic repair or reconstruction), thoracic approach;   | No                  |     |                   | MMP           |
| 43312  | Esophagoplasty (plastic repair or reconstruction), thoracic approach;   | No                  |     |                   | MMP           |
| 43313  | Esophagoplasty for congenital defect (plastic repair or reconstruction),  | No                  |     |                   | MMP           |
| 43314  | Esophagoplasty for congenital defect (plastic repair or reconstruction),  | No                  |     |                   | MMP           |
| 43320  | Esophagogastrostomy (cardioplasty), with or without vagotomy and  | No                  |     |                   | MMP           |
| 43325  | Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)  | No                  |     |                   | MMP           |
| 43327  | Esophagogastric fundoplasty partial or complete; laparotomy   | No                  |     |                   | MMP           |
| 43328  | Esophagogastric fundoplasty partial or complete; thoracotomy  | No                  |     |                   | MMP           |
| 43330  | Esophagomyotomy (Heller type); abdominal approach   | No                  |     |                   | MMP           |
| 43331  | Esophagomyotomy (Heller type); thoracic approach  | No                  |     |                   | MMP           |
| 43332  | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis                | No                  |     |                   | MMP           |
| 43333  | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis                   | No                  |     |                   | MMP           |
| 43334  | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis               | No                  |     |                   | MMP           |
| 43335  | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis                  | No                  |     |                   | MMP           |
| 43336  | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis | No                  |     |                   | MMP           |
| 43337  | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis    | No                  |     |                   | MMP           |
| 43338  | Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)                      | No                  |     |                   | MMP           |
| 43340  | Esophagojejunostomy (without total gastrectomy); abdominal approach   | No                  |     |                   | MMP           |
| 43341  | Esophagojejunostomy (without total gastrectomy); thoracic approach  | No                  |     |                   | MMP           |
| 43351  | Esophagostomy, fistulization of esophagus, external; thoracic approach  | No                  |     |                   | MMP           |
| 43352  | Esophagostomy, fistulization of esophagus, external; cervical approach  | No                  |     |                   | MMP           |
| 43360  | Gastrointestinal reconstruction for previous esophagectomy, for   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43361  | Gastrointestinal reconstruction for previous esophagectomy, for  | No                  |     |                   | MMP           |
| 43400  | Ligation, direct, esophageal varices   | No                  |     |                   | MMP           |
| 43401  | Transection of esophagus with repair, for esophageal varices   | No                  |     |                   | MMP           |
| 43405  | Ligation or stapling at gastroesophageal junction for pre-existing   | No                  |     |                   | MMP           |
| 43410  | Suture of esophageal wound or injury; cervical approach  | No                  |     |                   | MMP           |
| 43415  | Suture of esophageal wound or injury; transthoracic or transabdominal  | No                  |     |                   | MMP           |
| 43420  | Closure of esophagostomy or fistula; cervical approach   | No                  |     |                   | MMP           |
| 43425  | Closure of esophagostomy or fistula; transthoracic or transabdominal   | No                  |     |                   | MMP           |
| 43450  | Dilation of esophagus, by unguided sound or bougie, single or multiple   | No                  |     |                   | MMP           |
| 43453  | Dilation of esophagus, over guide wire   | No                  |     |                   | MMP           |
| 43460  | Esophagogastric tamponade, with balloon (Sengstaaken type)   | No                  |     |                   | MMP           |
| 43496  | Free jejunum transfer with microvascular anastomosis   | No                  |     |                   | MMP           |
| 43499  | UNLISTED PROCEDURE, ESOPHAGUS  | Yes                 |     |                   | MMP           |
| 43500  | Gastrotomy; with exploration or foreign body removal   | No                  |     |                   | MMP           |
| 43501  | Gastrotomy; with suture repair of bleeding ulcer   | No                  |     |                   | MMP           |
| 43502  | Gastrotomy; with suture repair of pre-existing esophagogastric   | No                  |     |                   | MMP           |
| 43510  | Gastrotomy; with esophageal dilation and insertion of permanent  | No                  |     |                   | MMP           |
| 43520  | Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type)  | No                  |     |                   | MMP           |
| 43605  | Biopsy of stomach, by laparotomy   | No                  |     |                   | MMP           |
| 43610  | EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH  | No                  |     |                   | MMP           |
| 43611  | EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH  | No                  |     |                   | MMP           |
| 43620  | GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY   | No                  |     |                   | MMP           |
| 43621  | GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION  | No                  |     |                   | MMP           |
| 43622  | GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE   | No                  |     |                   | MMP           |
| 43631  | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY  | No                  |     |                   | MMP           |
| 43632  | GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY   | No                  |     |                   | MMP           |
| 43633  | GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION  | No                  |     |                   | MMP           |
| 43634  | GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH   | No                  |     |                   | MMP           |
| 43635  | VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE) | No                  |     |                   | MMP           |
| 43640  | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE                                     | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43641  | VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)   | No                  |     |                   | MMP           |
| 43647  | LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM   | Yes                 |     |                   | MMP           |
| 43648  | LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM   | Yes                 |     |                   | MMP           |
| 43651  | LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL  | No                  |     |                   | MMP           |
| 43652  | TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE   | No                  |     |                   | MMP           |
| 43653  | GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE) (SEPARATE PROCEDURE)   | No                  |     |                   | MMP           |
| 43659  | UNLISTED LAPAROSCOPY PROCEDURE, STOMACH  | Yes                 |     |                   | MMP           |
| 43752  | Naso- or oro-gastric tube placement, requiring physician's skill and   | No                  |     |                   | MMP           |
| 43753  | Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed   | No                  |     |                   | MMP           |
| 43754  | Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)   | No                  |     |                   | MMP           |
| 43755  | Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration | No                  |     |                   | MMP           |
| 43756  | Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)  | No                  |     |                   | MMP           |
| 43757  | Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration   | No                  |     |                   | MMP           |
| 43760  | Change of gastrostomy tube   | No                  |     |                   | MMP           |
| 43761  | Repositioning of the gastric feeding tube, any method, through the   | No                  |     |                   | MMP           |
| 43800  | Pyloroplasty   | No                  |     |                   | MMP           |
| 43810  | Gastroduodenostomy   | No                  |     |                   | MMP           |
| 43820  | Gastrojejunostomy; without vagotomy  | No                  |     |                   | MMP           |
| 43825  | Gastrojejunostomy; with vagotomy, any type   | No                  |     |                   | MMP           |
| 43830  | Gastrostomy, open; without construction of gastric tube (eg, Stamm   | No                  |     |                   | MMP           |
| 43831  | Gastrostomy, open; neonatal, for feeding   | No                  |     |                   | MMP           |
| 43832  | Gastrostomy, open; with construction of gastric tube (eg, Janeway  | No                  |     |                   | MMP           |
| 43840  | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 43842  | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY                            | Not Covered         |     |                   | MMP           |
| 43850  | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITHOUT VAGOTOMY                                  | No                  |     |                   | MMP           |
| 43855  | REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH VAGOTOMY                                     | No                  |     |                   | MMP           |
| 43860  | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR BOWEL RESECT | No                  |     |                   | MMP           |
| 43865  | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR BOWEL RESECT | No                  |     |                   | MMP           |
| 43870  | Closure of gastrostomy, surgical   | No                  |     |                   | MMP           |
| 43880  | Closure of gastrocolic fistula   | No                  |     |                   | MMP           |
| 43881  | IMPLANTATION OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN   | Yes                 |     |                   | MMP           |
| 43882  | REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN  | Yes                 |     |                   | MMP           |
| 43999  | UNLISTED PROCEDURE, STOMACH  | Yes                 |     |                   | MMP           |
| 44005  | Enterolysis (freeing of intestinal adhesion) (separate procedure)  | No                  |     |                   | MMP           |
| 44010  | Duodenotomy, for exploration, biopsy(s), or foreign body removal   | No                  |     |                   | MMP           |
| 44015  | Tube or needle catheter jejunostomy for enteral alimentation,  | No                  |     |                   | MMP           |
| 44020  | Enterotomy, small intestine, other than duodenum; for exploration,   | No                  |     |                   | MMP           |
| 44021  | Enterotomy, small intestine, other than duodenum; for decompression  | No                  |     |                   | MMP           |
| 44025  | Colotomy, for exploration, biopsy(s), or foreign body removal  | No                  |     |                   | MMP           |
| 44050  | Reduction of volvulus, intussusception, internal hernia, by laparotomy   | No                  |     |                   | MMP           |
| 44055  | Correction of malrotation by lysis of duodenal bands and/or reduction of   | No                  |     |                   | MMP           |
| 44100  | Biopsy of intestine by capsule, tube, peroral (one or more specimens)  | No                  |     |                   | MMP           |
| 44110  | Excision of one or more lesions of small or large intestine not  | No                  |     |                   | MMP           |
| 44111  | Excision of one or more lesions of small or large intestine not  | No                  |     |                   | MMP           |
| 44120  | Enterectomy, resection of small intestine; single resection and  | No                  |     |                   | MMP           |
| 44121  | Enterectomy, resection of small intestine; each additional resection and   | No                  |     |                   | MMP           |
| 44125  | Enterectomy, resection of small intestine; with enterostomy  | No                  |     |                   | MMP           |
| 44126  | Enterectomy, resection of small intestine for congenital atresia, single   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 44127  | Enterectomy, resection of small intestine for congenital atresia, single                 | No                  |                       |                   | MMP           |
| 44128  | Enterectomy, resection of small intestine for congenital atresia, single                 | No                  |                       |                   | MMP           |
| 44130  | Enteroenterostomy, anastomosis of intestine, with or without cutaneous                   | No                  |                       |                   | MMP           |
| 44132  | DONOR ENTERECTOMY, INCLUDING COLD PRESERVATION OPEN FROM CADAVER DONOR                   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 44133  | DONOR ENTERECTOMY, INCLUDING COLD PRESERVATION OPEN PARTIAL FROM LIVING DONOR (REV 2005) | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 44135  | INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR.                                      | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 44136  | INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR.                                       | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 44137  | REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE                                   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 44139  | Mobilization (take-down) of splenic flexure performed in conjunction                     | No                  |                       |                   | MMP           |
| 44140  | Colectomy, partial; with anastomosis   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 44141  | Colectomy, partial; with skin level cecostomy or colostomy                               | No                  |                       |                   | MMP           |
| 44143  | (Hartmann type procedure)  | No                  |                       |                   | MMP           |
| 44144  | Colectomy, partial; with resection, with colostomy or ileostomy and                      | No                  |                       |                   | MMP           |
| 44145  | Colectomy, partial; with coloproctostomy (low pelvic anastomosis)                        | No                  |                       |                   | MMP           |
| 44146  | Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with                  | No                  |                       |                   | MMP           |
| 44147  | Colectomy, partial; abdominal and transanal approach                                     | No                  |                       |                   | MMP           |
| 44150  | Colectomy, total, abdominal, without proctectomy; with ileostomy or                      | No                  |                       |                   | MMP           |
| 44151  | Colectomy, total, abdominal, without proctectomy; with continent                         | No                  |                       |                   | MMP           |
| 44155  | Colectomy, total, abdominal, with proctectomy; with ileostomy                            | No                  |                       |                   | MMP           |
| 44156  | Colectomy, total, abdominal, with proctectomy; with continent ileostomy                  | No                  |                       |                   | MMP           |
| 44157  | COLECTOMY, TOTAL, ABDOMINAL, W/PROCTECTOMY; W/ILEOANAL ANASTOMOSIS,                      | No                  |                       |                   | MMP           |
| 44158  | COLECTOMY, TOTAL, ABDOMINAL, W/PROCTECTOMY; W/ILEOANAL ANASTOMOSIS, CREATE               | No                  |                       |                   | MMP           |
| 44160  | Colectomy, partial, with removal of terminal ileum with ileocolostomy                    | No                  |                       |                   | MMP           |
| 44180  | Lap, enterolysis   | No                  |                       |                   | MMP           |
| 44186  | Lap, jejunostomy   | No                  |                       |                   | MMP           |
| 44187  | Lap, ileo/jejuno-stomy   | No                  |                       |                   | MMP           |
| 44188  | Lap, colostomy   | No                  |                       |                   | MMP           |
| 44202  | Laparoscopy, surgical; enterectomy, resection of small intestine, single                 | No                  |                       |                   | MMP           |
| 44203  | LAPAROSCOPIC RESECTION OF SMALL INTESTINE  | No                  |                       |                   | MMP           |
| 44204  | Laparoscopy, surgical; colectomy, partial, with anastomosis                              | No                  |                       |                   | MMP           |
| 44205  | Laparoscopy, surgical; colectomy, partial, with removal of terminal                      | No                  |                       |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 44206  | COLETOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)                     | No                  |     |                   | MMP           |
| 44207  | COLETOMY, PARTIAL WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY  | No                  |     |                   | MMP           |
| 44208  | COLECTOMY,PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY                 | No                  |     |                   | MMP           |
| 44210  | COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY  | No                  |     |                   | MMP           |
| 44211  | LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, W/PROCTECTOMY, W/ILEOANAL ANASTOMOSIS, CREATE ILEAL RESERVOIR | No                  |     |                   | MMP           |
| 44212  | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy,   | No                  |     |                   | MMP           |
| 44213  | Lap, mobil splenic fl add-on  | No                  |     |                   | MMP           |
| 44227  | Lap, close enterostomy  | No                  |     |                   | MMP           |
| 44238  | UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE ( EXCEPT RECTUM)  | Yes                 |     |                   | MMP           |
| 44300  | Enterostomy or cecostomy, tube (eg, for decompression or feeding)   | No                  |     |                   | MMP           |
| 44310  | Ileostomy or jejunostomy, non-tube (separate procedure)   | No                  |     |                   | MMP           |
| 44312  | Revision of ileostomy; simple (release of superficial scar) (separate   | No                  |     |                   | MMP           |
| 44314  | Revision of ileostomy; complicated (reconstruction in-depth) (separate  | No                  |     |                   | MMP           |
| 44316  | Continent ileostomy (Kock procedure) (separate procedure)   | No                  |     |                   | MMP           |
| 44320  | Colostomy or skin level cecostomy; (separate procedure)   | No                  |     |                   | MMP           |
| 44322  | Colostomy or skin level cecostomy; with multiple biopsies (eg, for  | No                  |     |                   | MMP           |
| 44340  | Revision of colostomy; simple (release of superficial scar) (separate   | No                  |     |                   | MMP           |
| 44345  | Revision of colostomy; complicated (reconstruction in-depth) (separate  | No                  |     |                   | MMP           |
| 44346  | Revision of colostomy; with repair of paracolostomy hernia (separate  | No                  |     |                   | MMP           |
| 44360  | Small intestinal endoscopy, enteroscopy beyond second portion of  | No                  |     |                   | MMP           |
| 44361  | Small intestinal endoscopy, enteroscopy beyond second portion of  | No                  |     |                   | MMP           |
| 44363  | Small intestinal endoscopy, enteroscopy beyond second portion of  | No                  |     |                   | MMP           |
| 44364  | Small intestinal endoscopy, enteroscopy beyond second portion of  | No                  |     |                   | MMP           |
| 44365  | Small intestinal endoscopy, enteroscopy beyond second portion of  | No                  |     |                   | MMP           |
| 44366  | Small intestinal endoscopy, enteroscopy beyond second portion of  | No                  |     |                   | MMP           |
| 44369  | Small intestinal endoscopy, enteroscopy beyond second portion of  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 44370  | Small intestinal endoscopy, enteroscopy beyond second portion of   | No                  |     |                   | MMP           |
| 44372  | Small intestinal endoscopy, enteroscopy beyond second portion of   | No                  |     |                   | MMP           |
| 44373  | Small intestinal endoscopy, enteroscopy beyond second portion of   | No                  |     |                   | MMP           |
| 44376  | Small intestinal endoscopy, enteroscopy beyond second portion of   | No                  |     |                   | MMP           |
| 44377  | Small intestinal endoscopy, enteroscopy beyond second portion of   | No                  |     |                   | MMP           |
| 44378  | Small intestinal endoscopy, enteroscopy beyond second portion of   | No                  |     |                   | MMP           |
| 44379  | Small intestinal endoscopy, enteroscopy beyond second portion of   | No                  |     |                   | MMP           |
| 44380  | Ileoscopy, through stoma; diagnostic, with or without collection of  | No                  |     |                   | MMP           |
| 44381  | Ileoscopy, through stoma; with transendoscopic balloon dilation  | No                  |     |                   | MMP           |
| 44382  | Ileoscopy, through stoma; with biopsy, single or multiple  | No                  |     |                   | MMP           |
| 44384  | Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)                      | No                  |     |                   | MMP           |
| 44385  | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;   | No                  |     |                   | MMP           |
| 44386  | Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;   | No                  |     |                   | MMP           |
| 44388  | Colonoscopy through stoma; diagnostic, with or without collection of   | No                  |     |                   | MMP           |
| 44389  | Colonoscopy through stoma; with biopsy, single or multiple   | No                  |     |                   | MMP           |
| 44390  | Colonoscopy through stoma; with removal of foreign body  | No                  |     |                   | MMP           |
| 44391  | Colonoscopy through stoma; with control of bleeding (eg, injection,  | No                  |     |                   | MMP           |
| 44392  | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other  | No                  |     |                   | MMP           |
| 44394  | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other  | No                  |     |                   | MMP           |
| 44401  | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed) | No                  |     |                   | MMP           |
| 44402  | Colonoscopy through stoma; with endoscopic stent placement (including pre and post-dilation and guide wire passage, when performed)                        | No                  |     |                   | MMP           |
| 44403  | Colonoscopy through stoma; with endoscopic mucosal resection   | No                  |     |                   | MMP           |
| 44404  | Colonoscopy through stoma; with directed submucosal injection(s), any substance  | No                  |     |                   | MMP           |
| 44405  | Colonoscopy through stoma; with transendoscopic balloon dilation   | No                  |     |                   | MMP           |

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|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 44406  | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures  | No                  |                       |                   | MMP           |
| 44407  | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures | No                  |                       |                   | MMP           |
| 44408  | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed   | No                  |                       |                   | MMP           |
| 44500  | Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate   | No                  |                       |                   | MMP           |
| 44602  | Suture of small intestine (enterorrhaphy) for perforated ulcer,  | No                  |                       |                   | MMP           |
| 44603  | Suture of small intestine (enterorrhaphy) for perforated ulcer,  | No                  |                       |                   | MMP           |
| 44604  | Suture of large intestine (colorrhaphy) for perforated ulcer,  | No                  |                       |                   | MMP           |
| 44605  | Suture of large intestine (colorrhaphy) for perforated ulcer,  | No                  |                       |                   | MMP           |
| 44615  | Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or  | No                  |                       |                   | MMP           |
| 44620  | Closure of enterostomy, large or small intestine;  | No                  |                       |                   | MMP           |
| 44625  | Closure of enterostomy, large or small intestine; with resection and   | No                  |                       |                   | MMP           |
| 44626  | Closure of enterostomy, large or small intestine; with resection and   | No                  |                       |                   | MMP           |
| 44640  | Closure of intestinal cutaneous fistula  | No                  |                       |                   | MMP           |
| 44650  | Closure of enteroenteric or enterocolic fistula  | No                  |                       |                   | MMP           |
| 44660  | Closure of enterovesical fistula; without intestinal or bladder  | No                  |                       |                   | MMP           |
| 44661  | Closure of enterovesical fistula; with intestine and/or bladder  | No                  |                       |                   | MMP           |
| 44680  | Intestinal plication (separate procedure)  | No                  |                       |                   | MMP           |
| 44700  | Exclusion of small intestine from pelvis by mesh or other prosthesis, or   | No                  |                       |                   | MMP           |
| 44701  | Intraoperative colonic lavage (List separately in addition to code for   | No                  |                       |                   | MMP           |
| 44705  | Preparation of fecal microbiota for instillation, including assessment of donor specimen   | No                  |                       |                   | MMP           |
| 44715  | BACKBENCH STANDARD PREP OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT BEFORE TRANSPLANT; INCL MOBILIZATION/FASHIONING OF SUPERIOR   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 44720  | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANT; VENOUS ANASTOMOSIS, EACH  | Yes                 |                       |                   | MMP           |
| 44721  | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANT; ARTERIAL ANASTOMOSIS, EACH  | Yes                 |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 44799  | UNLISTED PROCEDURE, INTESTINE   | Yes                 |     |                   | MMP           |
| 44800  | Excision of Meckel's diverticulum (diverticulectomy) or                   | No                  |     |                   | MMP           |
| 44820  | Excision of lesion of mesentery (separate procedure)                      | No                  |     |                   | MMP           |
| 44850  | Suture of mesentery (separate procedure)                                  | No                  |     |                   | MMP           |
| 44899  | UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY               | Yes                 |     |                   | MMP           |
| 44900  | Incision and drainage of appendiceal abscess; open                        | No                  |     |                   | MMP           |
| 44950  | Appendectomy;   | No                  |     |                   | MMP           |
| 44955  | Appendectomy; when done for indicated purpose at time of other major      | No                  |     |                   | MMP           |
| 44960  | Appendectomy; for ruptured appendix with abscess or generalized           | No                  |     |                   | MMP           |
| 44970  | Laparoscopy, surgical, appendectomy                                       | No                  |     |                   | MMP           |
| 44979  | UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX                                  | Yes                 |     |                   | MMP           |
| 45000  | Transrectal drainage of pelvic abscess                                    | No                  |     |                   | MMP           |
| 45005  | Incision and drainage of submucosal abscess, rectum                       | No                  |     |                   | MMP           |
| 45020  | Incision and drainage of deep supralelevator, pelvirectal, or retrorectal | No                  |     |                   | MMP           |
| 45100  | Biopsy of anorectal wall, anal approach (eg, congenital megacolon)        | No                  |     |                   | MMP           |
| 45108  | Anorectal myomectomy  | No                  |     |                   | MMP           |
| 45110  | Proctectomy; complete, combined abdominoperineal, with colostomy          | No                  |     |                   | MMP           |
| 45111  | Proctectomy; partial resection of rectum, transabdominal approach         | No                  |     |                   | MMP           |
| 45112  | Proctectomy, combined abdominoperineal, pull-through procedure (eg,       | No                  |     |                   | MMP           |
| 45113  | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis,      | No                  |     |                   | MMP           |
| 45114  | Proctectomy, partial, with anastomosis; abdominal and transsacral         | No                  |     |                   | MMP           |
| 45116  | Proctectomy, partial, with anastomosis; transsacral approach only         | No                  |     |                   | MMP           |
| 45119  | Proctectomy, combined abdominoperineal pull-through procedure (eg,        | No                  |     |                   | MMP           |
| 45120  | Proctectomy, complete (for congenital megacolon), abdominal and           | No                  |     |                   | MMP           |
| 45121  | Proctectomy, complete (for congenital megacolon), abdominal and           | No                  |     |                   | MMP           |
| 45123  | Proctectomy, partial, without anastomosis, perineal approach              | No                  |     |                   | MMP           |
| 45126  | Pelvic exenteration for colorectal malignancy, with proctectomy (with or  | No                  |     |                   | MMP           |
| 45130  | Excision of rectal procidentia, with anastomosis; perineal approach       | No                  |     |                   | MMP           |
| 45135  | Excision of rectal procidentia, with anastomosis; abdominal and perineal  | No                  |     |                   | MMP           |
| 45136  | Excision of ileoanal reservoir with ileostomy                             | No                  |     |                   | MMP           |
| 45150  | Division of stricture of rectum   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 45160  | Excision of rectal tumor by proctotomy, transsacral or transcoccygeal   | No                  |     |                   | MMP           |
| 45171  | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPIA (IE, PARTIAL THICKNESS)   | No                  |     |                   | MMP           |
| 45172  | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPIA (IE, PARTIAL THICKNESS)   | No                  |     |                   | MMP           |
| 45190  | Destruction of rectal tumor (eg, electrodesiccation, electrosurgery,  | No                  |     |                   | MMP           |
| 45300  | Proctosigmoidoscopy, rigid; diagnostic, with or without collection of   | No                  |     |                   | MMP           |
| 45303  | Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire,   | No                  |     |                   | MMP           |
| 45305  | Proctosigmoidoscopy, rigid; with biopsy, single or multiple   | No                  |     |                   | MMP           |
| 45307  | Proctosigmoidoscopy, rigid; with removal of foreign body  | No                  |     |                   | MMP           |
| 45308  | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or   | No                  |     |                   | MMP           |
| 45309  | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or   | No                  |     |                   | MMP           |
| 45315  | Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or   | No                  |     |                   | MMP           |
| 45317  | Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection,  | No                  |     |                   | MMP           |
| 45320  | Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or   | No                  |     |                   | MMP           |
| 45321  | Proctosigmoidoscopy, rigid; with decompression of volvulus  | No                  |     |                   | MMP           |
| 45327  | Proctosigmoidoscopy, rigid; with transendoscopic stent placement  | No                  |     |                   | MMP           |
| 45330  | Sigmoidoscopy, flexible; diagnostic, with or without collection of  | No                  |     |                   | MMP           |
| 45331  | Sigmoidoscopy, flexible; with biopsy, single or multiple  | No                  |     |                   | MMP           |
| 45332  | Sigmoidoscopy, flexible; with removal of foreign body   | No                  |     |                   | MMP           |
| 45333  | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other   | No                  |     |                   | MMP           |
| 45334  | Sigmoidoscopy, flexible; with control of bleeding (eg, injection,   | No                  |     |                   | MMP           |
| 45335  | Sigmoidoscopy, flexible; with directed submucosal injection(s), any   | No                  |     |                   | MMP           |
| 45337  | Sigmoidoscopy, flexible; with decompression of volvulus, any method   | No                  |     |                   | MMP           |
| 45338  | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other   | No                  |     |                   | MMP           |
| 45340  | Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures   | No                  |     |                   | MMP           |
| 45341  | Sigmoidoscopy, flexible; with endoscopic ultrasound examination   | No                  |     |                   | MMP           |
| 45342  | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided   | No                  |     |                   | MMP           |
| 45345  | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes   | No                  |     |                   | MMP           |
| 45346  | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 45347  | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)                       | No                  |     |                   | MMP           |
| 45349  | Sigmoidoscopy, flexible; with endoscopic mucosal resection   | No                  |     |                   | MMP           |
| 45350  | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | No                  |     |                   | MMP           |
| 45378  | Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or  | No                  |     |                   | MMP           |
| 45379  | Colonoscopy, flexible, proximal to splenic flexure; with removal of  | No                  |     |                   | MMP           |
| 45380  | Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single  | No                  |     |                   | MMP           |
| 45381  | Colonoscopy, flexible, proximal to splenic flexure; with directed  | No                  |     |                   | MMP           |
| 45382  | Colonoscopy, flexible, proximal to splenic flexure; with control of  | No                  |     |                   | MMP           |
| 45384  | Colonoscopy, flexible, proximal to splenic flexure; with removal of  | No                  |     |                   | MMP           |
| 45385  | Colonoscopy, flexible, proximal to splenic flexure; with removal of  | No                  |     |                   | MMP           |
| 45386  | Colonoscopy, flexible, proximal to splenic flexure; with dilation by   | No                  |     |                   | MMP           |
| 45388  | Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)    | No                  |     |                   | MMP           |
| 45389  | Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)                            | No                  |     |                   | MMP           |
| 45390  | Colonoscopy, flexible; with endoscopic mucosal resection   | No                  |     |                   | MMP           |
| 45391  | Colonoscopy, flexible, proximal to splenic flexure; with   | No                  |     |                   | MMP           |
| 45392  | Colonoscopy, flexible, proximal to splenic flexure; with   | No                  |     |                   | MMP           |
| 45393  | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed | No                  |     |                   | MMP           |
| 45395  | Lap, removal of rectum   | No                  |     |                   | MMP           |
| 45397  | Lap, remove rectum w/pouch   | No                  |     |                   | MMP           |
| 45398  | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | No                  |     |                   | MMP           |
| 45399  | Unlisted procedure, colon  | Yes                 |     |                   | MMP           |
| 45400  | Laparoscopic proctopexy  | No                  |     |                   | MMP           |
| 45402  | Lap proctopexy w/sig resect  | No                  |     |                   | MMP           |
| 45499  | UNLISTED LAPAROSCOPY PROCEDURE, RECTUM   | Yes                 |     |                   | MMP           |
| 45500  | Proctoplasty; for stenosis   | No                  |     |                   | MMP           |
| 45505  | Proctoplasty; for prolapse of mucous membrane  | No                  |     |                   | MMP           |
| 45520  | Perirectal injection of sclerosing solution for prolapse   | No                  |     |                   | MMP           |
| 45540  | Proctopexy for prolapse; abdominal approach  | No                  |     |                   | MMP           |
| 45541  | Proctopexy for prolapse; perineal approach   | No                  |     |                   | MMP           |
| 45550  | Proctopexy combined with sigmoid resection, abdominal approach   | No                  |     |                   | MMP           |
| 45560  | Repair of rectocele (separate procedure)   | No                  |     |                   | MMP           |
| 45562  | Exploration, repair, and presacral drainage for rectal injury;   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 45563  | Exploration, repair, and presacral drainage for rectal injury; with      | No                  |     |                   | MMP           |
| 45800  | Closure of rectovesical fistula;   | No                  |     |                   | MMP           |
| 45805  | Closure of rectovesical fistula; with colostomy                          | No                  |     |                   | MMP           |
| 45820  | Closure of rectourethral fistula;  | No                  |     |                   | MMP           |
| 45825  | Closure of rectourethral fistula; with colostomy                         | No                  |     |                   | MMP           |
| 45900  | Reduction of procidentia (separate procedure) under anesthesia           | No                  |     |                   | MMP           |
| 45905  | Dilation of anal sphincter (separate procedure) under anesthesia other   | No                  |     |                   | MMP           |
| 45910  | Dilation of rectal stricture (separate procedure) under anesthesia other | No                  |     |                   | MMP           |
| 45915  | Removal of fecal impaction or foreign body (separate procedure) under    | No                  |     |                   | MMP           |
| 45990  | Surg dx exam, anorectal  | No                  |     |                   | MMP           |
| 45999  | UNLISTED PROCEDURE, RECTUM   | Yes                 |     |                   | MMP           |
| 46020  | Placement of seton   | No                  |     |                   | MMP           |
| 46030  | Removal of anal seton, other marker                                      | No                  |     |                   | MMP           |
| 46040  | Incision and drainage of ischiorectal and/or perirectal abscess          | No                  |     |                   | MMP           |
| 46045  | Incision and drainage of intramural, intramuscular, or submucosal        | No                  |     |                   | MMP           |
| 46050  | Incision and drainage, perianal abscess, superficial                     | No                  |     |                   | MMP           |
| 46060  | Incision and drainage of ischiorectal or intramural abscess, with        | No                  |     |                   | MMP           |
| 46070  | Incision, anal septum (infant)   | No                  |     |                   | MMP           |
| 46080  | Sphincterotomy, anal, division of sphincter (separate procedure)         | No                  |     |                   | MMP           |
| 46083  | Incision of thrombosed hemorrhoid, external                              | No                  |     |                   | MMP           |
| 46200  | Fissurectomy, with or without sphincterotomy                             | No                  |     |                   | MMP           |
| 46210  | Cryptectomy; single  | No                  |     |                   | MMP           |
| 46211  | Cryptectomy; multiple (separate procedure)                               | No                  |     |                   | MMP           |
| 46220  | Papillectomy or excision of single tag, anus (separate procedure)        | No                  |     |                   | MMP           |
| 46221  | Hemorrhoidectomy, by simple ligature (eg, rubber band)                   | No                  |     |                   | MMP           |
| 46230  | Excision of external hemorrhoid tags and/or multiple papillae            | No                  |     |                   | MMP           |
| 46250  | Hemorrhoidectomy, external, complete                                     | No                  |     |                   | MMP           |
| 46255  | Hemorrhoidectomy, internal and external, simple;                         | No                  |     |                   | MMP           |
| 46257  | Hemorrhoidectomy, internal and external, simple; with fissurectomy       | No                  |     |                   | MMP           |
| 46258  | Hemorrhoidectomy, internal and external, simple; with fistulectomy, with | No                  |     |                   | MMP           |
| 46260  | Hemorrhoidectomy, internal and external, complex or extensive;           | No                  |     |                   | MMP           |
| 46261  | Hemorrhoidectomy, internal and external, complex or extensive; with      | No                  |     |                   | MMP           |
| 46262  | Hemorrhoidectomy, internal and external, complex or extensive; with      | No                  |     |                   | MMP           |
| 46270  | Surgical treatment of anal fistula (fistulectomy/fistulotomy);           | No                  |     |                   | MMP           |
| 46275  | Surgical treatment of anal fistula (fistulectomy/fistulotomy);           | No                  |     |                   | MMP           |
| 46280  | Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex   | No                  |     |                   | MMP           |
| 46285  | Surgical treatment of anal fistula (fistulectomy/fistulotomy); second    | No                  |     |                   | MMP           |
| 46288  | Closure of anal fistula with rectal advancement flap                     | No                  |     |                   | MMP           |
| 46320  | Enucleation or excision of external thrombotic hemorrhoid                | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 46500  | Injection of sclerosing solution, hemorrhoids  | No                  |     |                   | MMP           |
| 46505  | Chemodenervation of internal anal sphincter  | No                  |     |                   | MMP           |
| 46600  | Anoscopy; diagnostic, with or without collection of specimen(s) by   | No                  |     |                   | MMP           |
| 46601  | Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed | No                  |     |                   | MMP           |
| 46604  | Anoscopy; with dilation (eg, balloon, guide wire, bougie)  | No                  |     |                   | MMP           |
| 46606  | Anoscopy; with biopsy, single or multiple  | No                  |     |                   | MMP           |
| 46607  | Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple  | No                  |     |                   | MMP           |
| 46608  | Anoscopy; with removal of foreign body   | No                  |     |                   | MMP           |
| 46610  | Anoscopy; with removal of single tumor, polyp, or other lesion by hot  | No                  |     |                   | MMP           |
| 46611  | Anoscopy; with removal of single tumor, polyp, or other lesion by snare  | No                  |     |                   | MMP           |
| 46612  | Anoscopy; with removal of multiple tumors, polyps, or other lesions by   | No                  |     |                   | MMP           |
| 46614  | Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar   | No                  |     |                   | MMP           |
| 46615  | Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not  | No                  |     |                   | MMP           |
| 46700  | Anoplasty, plastic operation for stricture; adult  | No                  |     |                   | MMP           |
| 46705  | Anoplasty, plastic operation for stricture; infant   | No                  |     |                   | MMP           |
| 46706  | REPAIR OF ANAL FISTULA WITH FIBRIN GLUE  | No                  |     |                   | MMP           |
| 46707  | REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA (SIS))  | No                  |     |                   | MMP           |
| 46710  | Repr per/vag pouch sngl proc   | No                  |     |                   | MMP           |
| 46712  | Repr per/vag pouch dbl proc  | No                  |     |                   | MMP           |
| 46715  | Repair of low imperforate anus; with anoperineal fistula (cut-back   | No                  |     |                   | MMP           |
| 46716  | Repair of low imperforate anus; with transposition of anoperineal or   | No                  |     |                   | MMP           |
| 46730  | Repair of high imperforate anus without fistula; perineal or   | No                  |     |                   | MMP           |
| 46735  | Repair of high imperforate anus without fistula; combined transabdominal   | No                  |     |                   | MMP           |
| 46740  | Repair of high imperforate anus with rectourethral or rectovaginal   | No                  |     |                   | MMP           |
| 46742  | Repair of high imperforate anus with rectourethral or rectovaginal   | No                  |     |                   | MMP           |
| 46744  | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,   | No                  |     |                   | MMP           |
| 46746  | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,   | No                  |     |                   | MMP           |
| 46748  | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,   | No                  |     |                   | MMP           |
| 46750  | Sphincteroplasty, anal, for incontinence or prolapse; adult  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |                       |                   |               |
|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 46751  | Sphincteroplasty, anal, for incontinence or prolapse; child  | No                  |                       |                   | MMP           |
| 46753  | Graft (Thiersch operation) for rectal incontinence and/or prolapse   | No                  |                       |                   | MMP           |
| 46754  | Removal of Thiersch wire or suture, anal canal   | No                  |                       |                   | MMP           |
| 46760  | Sphincteroplasty, anal, for incontinence, adult; muscle transplant   | No                  |                       |                   | MMP           |
| 46761  | Sphincteroplasty, anal, for incontinence, adult; levator muscle  | No                  |                       |                   | MMP           |
| 46762  | Sphincteroplasty, anal, for incontinence, adult; implantation artificial   | No                  |                       |                   | MMP           |
| 46900  | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum)   | No                  |                       |                   | MMP           |
| 46910  | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum)   | No                  |                       |                   | MMP           |
| 46916  | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum)   | No                  |                       |                   | MMP           |
| 46917  | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum)   | No                  |                       |                   | MMP           |
| 46922  | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum)   | No                  |                       |                   | MMP           |
| 46924  | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum)   | No                  |                       |                   | MMP           |
| 46930  | Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)      | No                  |                       |                   | MMP           |
| 46940  | Curettage or cautery of anal fissure, including dilation of anal   | No                  |                       |                   | MMP           |
| 46942  | Curettage or cautery of anal fissure, including dilation of anal   | No                  |                       |                   | MMP           |
| 46945  | Ligation of internal hemorrhoids; single procedure   | No                  |                       |                   | MMP           |
| 46946  | Ligation of internal hemorrhoids; multiple procedures  | No                  |                       |                   | MMP           |
| 46947  | Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by   | No                  |                       |                   | MMP           |
| 46999  | UNLISTED PROCEDURE, ANUS   | Yes                 |                       |                   | MMP           |
| 47000  | Biopsy of liver, needle; percutaneous  | No                  |                       |                   | MMP           |
| 47001  | Biopsy of liver, needle; when done for indicated purpose at time of  | No                  |                       |                   | MMP           |
| 47010  | Hepatotomy; for open drainage of abscess or cyst, one or two stages  | No                  |                       |                   | MMP           |
| 47015  | Laparotomy, with aspiration and/or injection of hepatic parasitic (eg,   | No                  |                       |                   | MMP           |
| 47100  | Biopsy of liver, wedge   | No                  |                       |                   | MMP           |
| 47120  | Hepatectomy, resection of liver; partial lobectomy   | No                  |                       |                   | MMP           |
| 47122  | Hepatectomy, resection of liver; trisegmentectomy  | No                  |                       |                   | MMP           |
| 47125  | Hepatectomy, resection of liver; total left lobectomy  | No                  |                       |                   | MMP           |
| 47130  | Hepatectomy, resection of liver; total right lobectomy   | No                  |                       |                   | MMP           |
| 47133  | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 47135  | LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE                   | Yes                 |                       |                   | MMP           |
| 47140  | DONOR HEPATECTOMY, INCLUDING COLD PRESERVATION FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY (SEGMENTS II AND III | Yes                 |                       |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 47141  | DONOR HEPATECTOMY, INCLUDING COLD PRESERVATION FROM LIVING DONOR; TOTAL LEFT LOBECTOMY SEGMENTS I, II, III                         | Yes                 |     |                   | MMP           |
| 47142  | DONOR HEPATECTOMY, INCLUDING COLD PRESERVATION FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY SEGMENTS V, VI, VII AND VIII               | Yes                 |     |                   | MMP           |
| 47143  | BACKBENCH STANDARD PREP OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPORATION, INCL CHOLECYSTECTOMY, DISSECTION/REMOVAL OF | Yes                 |     |                   | MMP           |
| 47145  | BACKBENCH STANDARD PREP OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPORATION, INCL CHOLECYSTECTOMY, DISSECTION/REMOVAL OF | Yes                 |     |                   | MMP           |
| 47146  | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; VENOUS ANASTOMOSIS, EACH             | Yes                 |     |                   | MMP           |
| 47147  | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH           | Yes                 |     |                   | MMP           |
| 47300  | Marsupialization of cyst or abscess of liver   | No                  |     |                   | MMP           |
| 47350  | Management of liver hemorrhage; simple suture of liver wound or injury   | No                  |     |                   | MMP           |
| 47360  | Management of liver hemorrhage; complex suture of liver wound or injury,   | No                  |     |                   | MMP           |
| 47361  | Management of liver hemorrhage; exploration of hepatic wound, extensive  | No                  |     |                   | MMP           |
| 47362  | Management of liver hemorrhage; re-exploration of hepatic wound for  | No                  |     |                   | MMP           |
| 47370  | Laparoscopy, surgical, ablation of one or more liver tumor(s);   | No                  |     |                   | MMP           |
| 47371  | Laparoscopy, surgical, ablation of one or more liver tumor(s);   | No                  |     |                   | MMP           |
| 47379  | UNLISTED LAPAROSCOPIC PROCEDURE, LIVER.  | Yes                 |     |                   | MMP           |
| 47380  | OPEN RADIOFREQUENCY ABLATION OF LIVER TUMOR  | No                  |     |                   | MMP           |
| 47381  | Ablation, open, of one or more liver tumor(s); cryosurgical  | No                  |     |                   | MMP           |
| 47382  | PERCUTANEOUS RADIOFREQUENCY ABLATION OF LIVER TUMOR  | No                  |     |                   | MMP           |
| 47383  | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation   | No                  |     |                   | MMP           |
| 47399  | UNLISTED PROCEDURE, LIVER  | Yes                 |     |                   | MMP           |
| 47400  | Hepaticotomy or hepaticostomy with exploration, drainage, or removal of  | No                  |     |                   | MMP           |
| 47420  | Choledochotomy or choledochostomy with exploration, drainage, or   | No                  |     |                   | MMP           |
| 47425  | Choledochotomy or choledochostomy with exploration, drainage, or   | No                  |     |                   | MMP           |
| 47460  | Transduodenal sphincterotomy or sphincteroplasty, with or without  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 47480  | Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)   | No                  |     |                   | MMP           |
| 47490  | Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 47531  | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; existing access   | No                  |     |                   | MMP           |
| 47532  | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; new access (e.g., percutaneous transheptic cholangiogram)   | No                  |     |                   | MMP           |
| 47533  | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; external  | No                  |     |                   | MMP           |
| 47534  | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; internal- external  | No                  |     |                   | MMP           |
| 47535  | Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 47536  | Exchange of biliary drainage catheter (e.g. external, internal-external, or conversion of internal-external to external only), percutaneous including diagnostic cholangiography when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 47537  | Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (e.g. with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy) and all associated radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 47538  | Placement of stents in bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation, each stent; existing access | No                  |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--|---------------------|-----|-------------------|---------------|
| 47539 | Placement of stents in bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter                                      | No                  |     |                   | MMP           |
| 47540 | Placement of stents in bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (e.g., fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation, each stent; new access with placement of separate biliary drainage catheter (e.g., external or internal-external) | No                  |     |                   | MMP           |
| 47541 | Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (e.g., rendezvous procedure),percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy and/or ultrasound), and all associated radiological supervision and interpretation; new access  | No                  |     |                   | MMP           |
| 47542 | Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including diagnostic cholangiography when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 47543 | Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (e.g., brush, forceps, and/ or needle), including imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation, single or multiple(List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 47544 | Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 47550 | Biliary endoscopy, intraoperative (choledochoscopy) (List separately in  | No                  |     |                   | MMP           |
| 47552 | Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic,   | No                  |     |                   | MMP           |
| 47553 | Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy,  | No                  |     |                   | MMP           |
| 47554 | Biliary endoscopy, percutaneous via T-tube or other tract; with removal  | No                  |     |                   | MMP           |
| 47555 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation   | No                  |     |                   | MMP           |
| 47556 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation   | No                  |     |                   | MMP           |
| 47562 | Laparoscopy, surgical; cholecystectomy   | No                  |     |                   | MMP           |
| 47563 | Laparoscopy, surgical; cholecystectomy with cholangiography  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 47564  | Laparoscopy, surgical; cholecystectomy with exploration of common      | No                  |     |                   | MMP           |
| 47570  | Laparoscopy, surgical; cholecystoenterostomy                           | No                  |     |                   | MMP           |
| 47579  | UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT                          | Yes                 |     |                   | MMP           |
| 47600  | Cholecystectomy;   | No                  |     |                   | MMP           |
| 47605  | Cholecystectomy; with cholangiography                                  | No                  |     |                   | MMP           |
| 47610  | Cholecystectomy with exploration of common duct;                       | No                  |     |                   | MMP           |
| 47612  | Cholecystectomy with exploration of common duct; with                  | No                  |     |                   | MMP           |
| 47620  | Cholecystectomy with exploration of common duct; with transduodenal    | No                  |     |                   | MMP           |
| 47700  | Exploration for congenital atresia of bile ducts, without repair, with | No                  |     |                   | MMP           |
| 47701  | Portoenterostomy (eg, Kasai procedure)                                 | No                  |     |                   | MMP           |
| 47711  | Excision of bile duct tumor, with or without primary repair of bile    | No                  |     |                   | MMP           |
| 47712  | Excision of bile duct tumor, with or without primary repair of bile    | No                  |     |                   | MMP           |
| 47715  | Excision of choledochal cyst   | No                  |     |                   | MMP           |
| 47720  | Cholecystoenterostomy; direct  | No                  |     |                   | MMP           |
| 47721  | Cholecystoenterostomy; with gastroenterostomy                          | No                  |     |                   | MMP           |
| 47740  | Cholecystoenterostomy; Roux-en-Y                                       | No                  |     |                   | MMP           |
| 47741  | Cholecystoenterostomy; Roux-en-Y with gastroenterostomy                | No                  |     |                   | MMP           |
| 47760  | Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract  | No                  |     |                   | MMP           |
| 47765  | Anastomosis, of intrahepatic ducts and gastrointestinal tract          | No                  |     |                   | MMP           |
| 47780  | Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and              | No                  |     |                   | MMP           |
| 47785  | Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and              | No                  |     |                   | MMP           |
| 47800  | Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end | No                  |     |                   | MMP           |
| 47801  | Placement of choledochal stent   | No                  |     |                   | MMP           |
| 47802  | U-tube hepaticoenterostomy   | No                  |     |                   | MMP           |
| 47900  | Suture of extrahepatic biliary duct for pre-existing injury (separate  | No                  |     |                   | MMP           |
| 47999  | UNLISTED PROCEDURE, BILIARY TRACT                                      | Yes                 |     |                   | MMP           |
| 48000  | Placement of drains, peripancreatic, for acute pancreatitis;           | No                  |     |                   | MMP           |
| 48001  | Placement of drains, peripancreatic, for acute pancreatitis; with      | No                  |     |                   | MMP           |
| 48020  | Removal of pancreatic calculus   | No                  |     |                   | MMP           |
| 48100  | Biopsy of pancreas, open (eg, fine needle aspiration, needle core      | No                  |     |                   | MMP           |
| 48102  | Biopsy of pancreas, percutaneous needle                                | No                  |     |                   | MMP           |
| 48105  | RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE         | No                  |     |                   | MMP           |
| 48120  | Excision of lesion of pancreas (eg, cyst, adenoma)                     | No                  |     |                   | MMP           |
| 48140  | Pancreatectomy, distal subtotal, with or without splenectomy; without  | No                  |     |                   | MMP           |
| 48145  | Pancreatectomy, distal subtotal, with or without splenectomy; with     | No                  |     |                   | MMP           |
| 48146  | Pancreatectomy, distal, near-total with preservation of duodenum       | No                  |     |                   | MMP           |
| 48148  | Excision of ampulla of Vater   | No                  |     |                   | MMP           |
| 48150  | Pancreatectomy, proximal subtotal with total duodenectomy, partial     | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |       |                   |               |
|--|--|---------------------|-------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key   | Rider Requirement | Product Lines |
| 48152  | Pancreatectomy, proximal subtotal with total duodenectomy, partial   | No                  |       |                   | MMP           |
| 48153  | Pancreatectomy, proximal subtotal with near-total duodenectomy,  | No                  |       |                   | MMP           |
| 48154  | Pancreatectomy, proximal subtotal with near-total duodenectomy,  | No                  |       |                   | MMP           |
| 48155  | Pancreatectomy, total  | No                  |       |                   | MMP           |
| 48160  | PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLETS                                | No                  | ExGEN |                   | MMP           |
| 48400  | Injection procedure for intraoperative pancreatography (List separately)   | No                  |       |                   | MMP           |
| 48500  | Marsupialization of pancreatic cyst  | No                  |       |                   | MMP           |
| 48510  | External drainage, pseudocyst of pancreas; open  | No                  |       |                   | MMP           |
| 48520  | Internal anastomosis of pancreatic cyst to gastrointestinal tract;   | No                  |       |                   | MMP           |
| 48540  | Internal anastomosis of pancreatic cyst to gastrointestinal tract;   | No                  |       |                   | MMP           |
| 48545  | Pancreatorrhaphy for injury  | No                  |       |                   | MMP           |
| 48547  | Duodenal exclusion with gastrojejunostomy for pancreatic injury  | No                  |       |                   | MMP           |
| 48548  | PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS   | No                  |       |                   | MMP           |
| 48550  | DONOR PANCREATECTOMY, INCLUDING COLD PRESERVATION WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION                             | No                  | ExGEN |                   | MMP           |
| 48551  | BACKBENCH STANDARD PREP OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANT, INCL SPLENECTOMY, DUODENOTOMY, BILE DUCT LIGATION | Yes                 |       |                   | MMP           |
| 48552  | BACKBENCH STANDARD PREP OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANT, VENOUS ANASTOMOSIS, EACH                          | Yes                 |       |                   | MMP           |
| 48554  | TRANSPLANTATION OF PANCREATIC ALLOGRAFT  | Yes                 |       |                   | MMP           |
| 48556  | REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT   | No                  | ExGEN |                   | MMP           |
| 48999  | UNLISTED PROCEDURE, PANCREAS   | Yes                 |       |                   | MMP           |
| 49000  | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s)  | No                  | *     |                   | MMP           |
| 49002  | Reopening of recent laparotomy   | No                  |       |                   | MMP           |
| 49010  | Exploration, retroperitoneal area with or without biopsy(s) (separate  | No                  |       |                   | MMP           |
| 49020  | Drainage of peritoneal abscess or localized peritonitis, exclusive of  | No                  |       |                   | MMP           |
| 49040  | Drainage of subdiaphragmatic or subphrenic abscess; open   | No                  |       |                   | MMP           |
| 49060  | Drainage of retroperitoneal abscess; open  | No                  |       |                   | MMP           |
| 49062  | Drainage of extraperitoneal lymphocele to peritoneal cavity, open  | No                  |       |                   | MMP           |
| 49082  | Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance   | No                  |       |                   | MMP           |
| 49083  | Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance  | No                  |       |                   | MMP           |
| 49084  | Peritoneal lavage, including imaging guidance, when performed  | No                  |       |                   | MMP           |
| 49180  | Biopsy, abdominal or retroperitoneal mass, percutaneous needle   | No                  |       |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 49185  | Sclerotherapy of a fluid collection (e.g., lymphocele, cyst, or seroma), percutaneous, including contrast injections (s), sclerosant injection(s), diagnostic study, imaging guidance (e.g., ultrasound, fluoroscopy) and radiological supervision and interpretation when performed                             | No                  |     |                   | MMP           |
| 49203  | EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5 CM DIAMETER OR LESS   | No                  |     |                   | MMP           |
| 49204  | EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER  | No                  |     |                   | MMP           |
| 49205  | EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER   | No                  |     |                   | MMP           |
| 49215  | Excision of presacral or sacrococcygeal tumor  | No                  |     |                   | MMP           |
| 49220  | Staging laparotomy for Hodgkins disease or lymphoma (includes  | No                  |     |                   | MMP           |
| 49250  | Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)  | No                  |     |                   | MMP           |
| 49255  | Omentectomy, epiploectomy, resection of omentum (separate procedure)   | No                  |     |                   | MMP           |
| 49320  | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or   | No                  | *   |                   | MMP           |
| 49321  | Laparoscopy, surgical; with biopsy (single or multiple)  | No                  | *   |                   | MMP           |
| 49322  | Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian  | No                  | *   |                   | MMP           |
| 49323  | Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity  | No                  |     |                   | MMP           |
| 49324  | Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter   | No                  |     |                   | MMP           |
| 49325  | LAPAROSCOPY, SURGICAL; W/REVISION OF PREVIOUSLY PLACED   | No                  |     |                   | MMP           |
| 49326  | LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY   | No                  |     |                   | MMP           |
| 49327  | Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 49329  | UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 49400  | Injection of air or contrast into peritoneal cavity (separate procedure)  | No                  |     |                   | MMP           |
| 49402  | REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY   | No                  |     |                   | MMP           |
| 49405  | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous  | No                  |     |                   | MMP           |
| 49406  | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous   | No                  |     |                   | MMP           |
| 49407  | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal  | No                  |     |                   | MMP           |
| 49411  | PLACE INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, PERCUTAN, INTRA-ABD, INTRA-PELVIC (NOT PROSTATE), &/OR RETROPERI TOR>  | No                  |     |                   | MMP           |
| 49412  | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)              | No                  |     |                   | MMP           |
| 49418  | Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous | No                  |     |                   | MMP           |
| 49419  | Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)  | No                  |     |                   | MMP           |
| 49421  | Insertion of tunneled intraperitoneal catheter for dialysis, open   | No                  |     |                   | MMP           |
| 49422  | Removal of tunneled intraperitoneal catheter  | No                  |     |                   | MMP           |
| 49423  | Exchange of previously placed abscess or cyst drainage catheter under   | No                  |     |                   | MMP           |
| 49424  | Contrast injection for assessment of abscess or cyst via previously   | No                  |     |                   | MMP           |
| 49425  | Insertion of peritoneal-venous shunt  | No                  |     |                   | MMP           |
| 49426  | Revision of peritoneal-venous shunt   | No                  |     |                   | MMP           |
| 49427  | Injection procedure (eg, contrast media) for evaluation of previously   | No                  |     |                   | MMP           |
| 49428  | Ligation of peritoneal-venous shunt   | No                  |     |                   | MMP           |
| 49429  | Removal of peritoneal-venous shunt  | No                  |     |                   | MMP           |
| 49435  | INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR   | No                  |     |                   | MMP           |
| 49436  | DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 49440  | INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT  | No                  |     |                   | MMP           |
| 49441  | INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT  | No                  |     |                   | MMP           |
| 49442  | INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT   | No                  |     |                   | MMP           |
| 49446  | CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT  | No                  |     |                   | MMP           |
| 49450  | REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT  | No                  |     |                   | MMP           |
| 49451  | REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT  | No                  |     |                   | MMP           |
| 49452  | REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT   | No                  |     |                   | MMP           |
| 49460  | MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, ANY METHOD, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IF PERFORMED, IMAGE DOCUMENTATION AND REPORT | No                  |     |                   | MMP           |
| 49465  | CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, FROM A PERCUTANEOUS APPROACH INCLUDING IMAGE DOCUMENTATION AND REPORT                                   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 49491  | Repair, initial inguinal hernia, preterm infant (less than 37 weeks)     | No                  |     |                   | MMP           |
| 49492  | Repair, initial inguinal hernia, preterm infant (less than 37 weeks)     | No                  |     |                   | MMP           |
| 49495  | Repair, initial inguinal hernia, full term infant under age 6 months, or | No                  |     |                   | MMP           |
| 49496  | Repair, initial inguinal hernia, full term infant under age 6 months, or | No                  |     |                   | MMP           |
| 49500  | Repair initial inguinal hernia, age 6 months to under 5 years, with or   | No                  |     |                   | MMP           |
| 49501  | Repair initial inguinal hernia, age 6 months to under 5 years, with or   | No                  |     |                   | MMP           |
| 49505  | Repair initial inguinal hernia, age 5 years or over; reducible           | No                  |     |                   | MMP           |
| 49507  | Repair initial inguinal hernia, age 5 years or over; incarcerated or     | No                  |     |                   | MMP           |
| 49520  | Repair recurrent inguinal hernia, any age; reducible                     | No                  |     |                   | MMP           |
| 49521  | Repair recurrent inguinal hernia, any age; incarcerated or strangulated  | No                  |     |                   | MMP           |
| 49525  | Repair inguinal hernia, sliding, any age                                 | No                  |     |                   | MMP           |
| 49540  | Repair lumbar hernia   | No                  |     |                   | MMP           |
| 49550  | Repair initial femoral hernia, any age; reducible                        | No                  |     |                   | MMP           |
| 49553  | Repair initial femoral hernia, any age; incarcerated or strangulated     | No                  |     |                   | MMP           |
| 49555  | Repair recurrent femoral hernia; reducible                               | No                  |     |                   | MMP           |
| 49557  | Repair recurrent femoral hernia; incarcerated or strangulated            | No                  |     |                   | MMP           |
| 49560  | Repair initial incisional or ventral hernia; reducible                   | No                  |     |                   | MMP           |
| 49561  | Repair initial incisional or ventral hernia; incarcerated or             | No                  |     |                   | MMP           |
| 49565  | Repair recurrent incisional or ventral hernia; reducible                 | No                  |     |                   | MMP           |
| 49566  | Repair recurrent incisional or ventral hernia; incarcerated or           | No                  |     |                   | MMP           |
| 49568  | Implantation of mesh or other prosthesis for incisional or ventral       | No                  |     |                   | MMP           |
| 49570  | Repair epigastric hernia (eg, preperitoneal fat); reducible (separate    | No                  |     |                   | MMP           |
| 49572  | Repair epigastric hernia (eg, preperitoneal fat); incarcerated or        | No                  |     |                   | MMP           |
| 49580  | Repair umbilical hernia, under age 5 years; reducible                    | No                  |     |                   | MMP           |
| 49582  | Repair umbilical hernia, under age 5 years; incarcerated or strangulated | No                  |     |                   | MMP           |
| 49585  | Repair umbilical hernia, age 5 years or over; reducible                  | No                  |     |                   | MMP           |
| 49587  | Repair umbilical hernia, age 5 years or over; incarcerated or            | No                  |     |                   | MMP           |
| 49590  | Repair spigelian hernia  | No                  |     |                   | MMP           |
| 49600  | Repair of small omphalocele, with primary closure                        | No                  |     |                   | MMP           |
| 49605  | Repair of large omphalocele or gastroschisis; with or without prosthesis | No                  |     |                   | MMP           |
| 49606  | Repair of large omphalocele or gastroschisis; with removal of            | No                  |     |                   | MMP           |
| 49610  | Repair of omphalocele (Gross type operation); first stage                | No                  |     |                   | MMP           |
| 49611  | Repair of omphalocele (Gross type operation); second stage               | No                  |     |                   | MMP           |
| 49650  | Laparoscopy, surgical; repair initial inguinal hernia                    | No                  |     |                   | MMP           |
| 49651  | Laparoscopy, surgical; repair recurrent inguinal hernia                  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 49652  | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible                    | No                  |     |                   | MMP           |
| 49653  | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated | No                  |     |                   | MMP           |
| 49654  | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible   | No                  |     |                   | MMP           |
| 49655  | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated                                  | No                  |     |                   | MMP           |
| 49656  | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible   | No                  |     |                   | MMP           |
| 49657  | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated                        | No                  |     |                   | MMP           |
| 49659  | UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY   | Yes                 |     |                   | MMP           |
| 49900  | Suture, secondary, of abdominal wall for evisceration or dehiscence   | No                  |     |                   | MMP           |
| 49904  | OMENTAL FLAP, EXTRA-ABDOMINAL (EG FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)   | No                  |     |                   | MMP           |
| 49905  | Omental flap, intra-abdominal (List separately in addition to code for  | No                  |     |                   | MMP           |
| 49906  | Free omental flap with microvascular anastomosis  | No                  |     |                   | MMP           |
| 49999  | UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM   | Yes                 |     |                   | MMP           |
| 50010  | Renal exploration, not necessitating other specific procedures  | No                  |     |                   | MMP           |
| 50020  | Drainage of perirenal or renal abscess; open  | No                  |     |                   | MMP           |
| 50040  | Nephrostomy, nephrotomy with drainage   | No                  |     |                   | MMP           |
| 50045  | Nephrotomy, with exploration  | No                  |     |                   | MMP           |
| 50060  | Nephrolithotomy; removal of calculus  | No                  |     |                   | MMP           |
| 50065  | Nephrolithotomy; secondary surgical operation for calculus  | No                  |     |                   | MMP           |
| 50070  | Nephrolithotomy; complicated by congenital kidney abnormality   | No                  |     |                   | MMP           |
| 50075  | Nephrolithotomy; removal of large staghorn calculus filling renal pelvis  | No                  |     |                   | MMP           |
| 50080  | Percutaneous nephrostolithotomy or pyelostolithotomy, with or without   | No                  |     |                   | MMP           |
| 50081  | Percutaneous nephrostolithotomy or pyelostolithotomy, with or without   | No                  |     |                   | MMP           |
| 50100  | Transection or repositioning of aberrant renal vessels (separate  | No                  |     |                   | MMP           |
| 50120  | Pyelotomy; with exploration   | No                  |     |                   | MMP           |
| 50125  | Pyelotomy; with drainage, pyelostomy  | No                  |     |                   | MMP           |
| 50130  | Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy,   | No                  |     |                   | MMP           |
| 50135  | Pyelotomy; complicated (eg, secondary operation, congenital kidney  | No                  |     |                   | MMP           |
| 50200  | Renal biopsy; percutaneous, by trocar or needle   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 50205  | Renal biopsy; by surgical exposure of kidney  | No                  |                       |                   | MMP           |
| 50220  | Nephrectomy, including partial ureterectomy, any open approach  | No                  |                       |                   | MMP           |
| 50225  | Nephrectomy, including partial ureterectomy, any open approach  | No                  |                       |                   | MMP           |
| 50230  | Nephrectomy, including partial ureterectomy, any open approach  | No                  |                       |                   | MMP           |
| 50234  | Nephrectomy with total ureterectomy and bladder cuff; through same  | No                  |                       |                   | MMP           |
| 50236  | Nephrectomy with total ureterectomy and bladder cuff; through separate  | No                  |                       |                   | MMP           |
| 50240  | Nephrectomy, partial  | No                  |                       |                   | MMP           |
| 50250  | Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed | No                  |                       |                   | MMP           |
| 50280  | Excision or unroofing of cyst(s) of kidney  | No                  |                       |                   | MMP           |
| 50290  | Excision of perinephric cyst  | No                  |                       |                   | MMP           |
| 50300  | DONOR NEPHRECTOMY, INCLUDING COLD PRESERVATION;; FROM CADAVER DONOR, UTERAL OR BILATERAL  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 50320  | DONOR NEPHRECTOMY, INCLUDING COLD PRESERVATION;; OPEN FROM LIVING DONOR   | Yes                 |                       |                   | MMP           |
| 50323  | BACKBENCH STANDARD PREP OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANT, INCL DISSECT/REMOVE PERINEPHRIC FAT, DIAPHRAGMATIC/R      | Yes                 |                       |                   | MMP           |
| 50325  | BACKBENCH STANDARD PREP OF LIVING DONOR RENAL ALLOGRAFT (OPEN R LAPAROSCOPIC) PRIOR TO TRANSPLANT, INCL DISSECT/REMOVE PERINEPHRIC      | Yes                 |                       |                   | MMP           |
| 50327  | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH                  | Yes                 |                       |                   | MMP           |
| 50328  | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH                | Yes                 |                       |                   | MMP           |
| 50329  | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH                | Yes                 |                       |                   | MMP           |
| 50340  | RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)  | Yes                 |                       |                   | MMP           |
| 50360  | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY   | Yes                 |                       |                   | MMP           |
| 50365  | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY  | Yes                 |                       |                   | MMP           |
| 50370  | REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 50380  | Renal autotransplantation, reimplantation of kidney   | Yes                 |                       |                   | MMP           |
| 50382  | Change ureter stent, percut   | No                  |                       |                   | MMP           |
| 50384  | Remove ureter stent, percut   | No                  |                       |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|---|---------------------|-----|-------------------|---------------|
| 50385 | REMOVAL VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION   | No                  |     |                   | MMP           |
| 50386 | REMOVAL VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION   | No                  |     |                   | MMP           |
| 50387 | Change ext/int ureter stent   | No                  |     |                   | MMP           |
| 50389 | Remove renal tube w/fluoro  | No                  |     |                   | MMP           |
| 50390 | Aspiration and/or injection of renal cyst or pelvis by needle,  | No                  |     |                   | MMP           |
| 50391 | Instillation(s) of therapeutic agent into renal pelvis and/or ureter  | No                  |     |                   | MMP           |
| 50395 | Introduction of guide into renal pelvis and/or ureter with dilation to  | No                  |     |                   | MMP           |
| 50396 | Manometric studies through nephrostomy or pyelostomy tube, or   | No                  |     |                   | MMP           |
| 50400 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis,   | No                  |     |                   | MMP           |
| 50405 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis,   | No                  |     |                   | MMP           |
| 50430 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; new access  | No                  |     |                   | MMP           |
| 50431 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; existing access   | No                  |     |                   | MMP           |
| 50432 | Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or uretogram when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 50433 | Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or uretogram when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; new access  | No                  |     |                   | MMP           |
| 50434 | Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or uretogram when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract | No                  |     |                   | MMP           |
| 50435 | Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or uretogram when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                       |                   |               |
|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 50500  | Nephrorrhaphy, suture of kidney wound or injury  | No                  |                       |                   | MMP           |
| 50520  | Closure of nephrocutaneous or pyelocutaneous fistula   | No                  |                       |                   | MMP           |
| 50525  | Closure of nephrovisceral fistula (eg, renocolic), including visceral  | No                  |                       |                   | MMP           |
| 50526  | Closure of nephrovisceral fistula (eg, renocolic), including visceral  | No                  |                       |                   | MMP           |
| 50540  | Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or  | No                  |                       |                   | MMP           |
| 50541  | Laparoscopy, surgical; ablation of renal cysts   | No                  |                       |                   | MMP           |
| 50542  | Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed   | No                  |                       |                   | MMP           |
| 50543  | PARTIAL NEPHRECTOMY  | No                  |                       |                   | MMP           |
| 50544  | Laparoscopy, surgical; pyeloplasty   | No                  |                       |                   | MMP           |
| 50545  | Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's   | No                  |                       |                   | MMP           |
| 50546  | Laparoscopy, surgical; nephrectomy, including partial ureterectomy   | No                  |                       |                   | MMP           |
| 50547  | DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION) FROM LIVING DONOR  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 50548  | Laparoscopy, surgical; nephrectomy with total ureterectomy   | No                  |                       |                   | MMP           |
| 50549  | UNLISTED LAPAROSCOPY PROCEDURE, RENAL  | Yes                 |                       |                   | MMP           |
| 50551  | Renal endoscopy through established nephrostomy or pyelostomy, with  | No                  |                       |                   | MMP           |
| 50553  | Renal endoscopy through established nephrostomy or pyelostomy, with  | No                  |                       |                   | MMP           |
| 50555  | Renal endoscopy through established nephrostomy or pyelostomy, with  | No                  |                       |                   | MMP           |
| 50557  | Renal endoscopy through established nephrostomy or pyelostomy, with  | No                  |                       |                   | MMP           |
| 50561  | Renal endoscopy through established nephrostomy or pyelostomy, with  | No                  |                       |                   | MMP           |
| 50562  | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH RESECTION OF TUMOR | No                  |                       |                   | MMP           |
| 50570  | Renal endoscopy through nephrotomy or pyelotomy, with or without   | No                  |                       |                   | MMP           |
| 50572  | Renal endoscopy through nephrotomy or pyelotomy, with or without   | No                  |                       |                   | MMP           |
| 50574  | Renal endoscopy through nephrotomy or pyelotomy, with or without   | No                  |                       |                   | MMP           |
| 50575  | Renal endoscopy through nephrotomy or pyelotomy, with or without   | No                  |                       |                   | MMP           |
| 50576  | Renal endoscopy through nephrotomy or pyelotomy, with or without   | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 50580  | Renal endoscopy through nephrotomy or pyelotomy, with or without   | No                  |     |                   | MMP           |
| 50590  | Lithotripsy, extracorporeal shock wave   | No                  |     |                   | MMP           |
| 50592  | ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY   | No                  |     |                   | MMP           |
| 50593  | ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY  | No                  |     |                   | MMP           |
| 50600  | Ureterotomy with exploration or drainage (separate procedure)  | No                  |     |                   | MMP           |
| 50605  | Ureterotomy for insertion of indwelling stent, all types   | No                  |     |                   | MMP           |
| 50606  | Endoluminal biopsy of ureter and/or renal pelvis non-endoscopic, including imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)                                  | No                  |     |                   | MMP           |
| 50610  | Ureterolithotomy; upper one-third of ureter  | No                  |     |                   | MMP           |
| 50620  | Ureterolithotomy; middle one-third of ureter   | No                  |     |                   | MMP           |
| 50630  | Ureterolithotomy; lower one-third of ureter  | No                  |     |                   | MMP           |
| 50650  | Ureterectomy, with bladder cuff (separate procedure)   | No                  |     |                   | MMP           |
| 50660  | Ureterectomy, total, ectopic ureter, combination abdominal, vaginal  | No                  |     |                   | MMP           |
| 50684  | Injection procedure for ureterography or ureteropyelography through  | No                  |     |                   | MMP           |
| 50686  | Manometric studies through ureterostomy or indwelling ureteral catheter  | No                  |     |                   | MMP           |
| 50688  | Change of ureterostomy tube  | No                  |     |                   | MMP           |
| 50690  | Injection procedure for visualization of ileal conduit and/or  | No                  |     |                   | MMP           |
| 50693  | Placement of the ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; pre-existing nephrostomy tract                    | No                  |     |                   | MMP           |
| 50694  | Placement of the ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter | No                  |     |                   | MMP           |
| 50695  | Placement of the ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter    | No                  |     |                   | MMP           |
| 50700  | Ureteroplasty, plastic operation on ureter (eg, stricture)   | No                  |     |                   | MMP           |
| 50705  | Urethral embolization or occlusion, including imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 50706  | Balloon dilation, ureteral stricture, including imaging guidance (e.g., ultrasound and /or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 50715  | Ureterolysis, with or without repositioning of ureter for  | No                  |     |                   | MMP           |
| 50722  | Ureterolysis for ovarian vein syndrome   | No                  |     |                   | MMP           |
| 50725  | Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary  | No                  |     |                   | MMP           |
| 50727  | Revision of urinary-cutaneous anastomosis (any type urostomy);   | No                  |     |                   | MMP           |
| 50728  | Revision of urinary-cutaneous anastomosis (any type urostomy); with  | No                  |     |                   | MMP           |
| 50740  | Ureteropyelostomy, anastomosis of ureter and renal pelvis  | No                  |     |                   | MMP           |
| 50750  | Ureterocalycostomy, anastomosis of ureter to renal calyx   | No                  |     |                   | MMP           |
| 50760  | Ureteroureterostomy  | No                  |     |                   | MMP           |
| 50770  | Transureteroureterostomy, anastomosis of ureter to contralateral ureter  | No                  |     |                   | MMP           |
| 50780  | Ureteroneocystostomy; anastomosis of single ureter to bladder  | No                  |     |                   | MMP           |
| 50782  | Ureteroneocystostomy; anastomosis of duplicated ureter to bladder  | No                  |     |                   | MMP           |
| 50783  | Ureteroneocystostomy; with extensive ureteral tailoring  | No                  |     |                   | MMP           |
| 50785  | Ureteroneocystostomy; with vesico-psoas hitch or bladder flap  | No                  |     |                   | MMP           |
| 50800  | Ureteroenterostomy, direct anastomosis of ureter to intestine  | No                  |     |                   | MMP           |
| 50810  | Ureterosigmoidostomy, with creation of sigmoid bladder and   | No                  |     |                   | MMP           |
| 50815  | Ureterocolon conduit, including intestine anastomosis  | No                  |     |                   | MMP           |
| 50820  | Ureteroileal conduit (ileal bladder), including intestine anastomosis  | No                  |     |                   | MMP           |
| 50825  | Continent diversion, including intestine anastomosis using any segment   | No                  |     |                   | MMP           |
| 50830  | Urinary undiversion (eg, taking down of ureteroileal conduit,  | No                  |     |                   | MMP           |
| 50840  | Replacement of all or part of ureter by intestine segment, including   | No                  |     |                   | MMP           |
| 50845  | Cutaneous appendico-vesicostomy  | No                  |     |                   | MMP           |
| 50860  | Ureterostomy, transplantation of ureter to skin  | No                  |     |                   | MMP           |
| 50900  | Ureterorrhaphy, suture of ureter (separate procedure)  | No                  |     |                   | MMP           |
| 50920  | Closure of ureterocutaneous fistula  | No                  |     |                   | MMP           |
| 50930  | Closure of ureterovisceral fistula (including visceral repair)   | No                  |     |                   | MMP           |
| 50940  | Deligation of ureter   | No                  |     |                   | MMP           |
| 50945  | Laparoscopy, surgical; ureterolithotomy  | No                  |     |                   | MMP           |
| 50947  | Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and  | No                  |     |                   | MMP           |
| 50948  | Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and   | No                  |     |                   | MMP           |
| 50949  | UNLISTED LAPAROSCOPY PROCEDURE; URETER   | Yes                 |     |                   | MMP           |
| 50951  | Ureteral endoscopy through established ureterostomy, with or without   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 50953  | Ureteral endoscopy through established ureterostomy, with or without     | No                  |     |                   | MMP           |
| 50955  | Ureteral endoscopy through established ureterostomy, with or without     | No                  |     |                   | MMP           |
| 50957  | Ureteral endoscopy through established ureterostomy, with or without     | No                  |     |                   | MMP           |
| 50961  | Ureteral endoscopy through established ureterostomy, with or without     | No                  |     |                   | MMP           |
| 50970  | Ureteral endoscopy through ureterotomy, with or without irrigation,      | No                  |     |                   | MMP           |
| 50972  | Ureteral endoscopy through ureterotomy, with or without irrigation,      | No                  |     |                   | MMP           |
| 50974  | Ureteral endoscopy through ureterotomy, with or without irrigation,      | No                  |     |                   | MMP           |
| 50976  | Ureteral endoscopy through ureterotomy, with or without irrigation,      | No                  |     |                   | MMP           |
| 50980  | Ureteral endoscopy through ureterotomy, with or without irrigation,      | No                  |     |                   | MMP           |
| 51020  | Cystotomy or cystostomy; with fulguration and/or insertion of            | No                  |     |                   | MMP           |
| 51030  | Cystotomy or cystostomy; with cryosurgical destruction of intravesical   | No                  |     |                   | MMP           |
| 51040  | Cystostomy, cystotomy with drainage                                      | No                  |     |                   | MMP           |
| 51045  | Cystotomy, with insertion of ureteral catheter or stent (separate        | No                  |     |                   | MMP           |
| 51050  | Cystolithotomy, cystotomy with removal of calculus, without vesical neck | No                  |     |                   | MMP           |
| 51060  | Transvesical ureterolithotomy  | No                  |     |                   | MMP           |
| 51065  | Cystotomy, with calculus basket extraction and/or ultrasonic or          | No                  |     |                   | MMP           |
| 51080  | Drainage of perivesical or prevesical space abscess                      | No                  |     |                   | MMP           |
| 51100  | APIRATION OF BLADDER; BY NEEDLE  | No                  |     |                   | MMP           |
| 51101  | APIRATION OF BLADDER; BY TROCAR OR INTRACATHETER                         | No                  |     |                   | MMP           |
| 51102  | APIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER              | No                  |     |                   | MMP           |
| 51500  | Excision of urachal cyst or sinus, with or without umbilical hernia      | No                  |     |                   | MMP           |
| 51520  | Cystotomy; for simple excision of vesical neck (separate procedure)      | No                  |     |                   | MMP           |
| 51525  | Cystotomy; for excision of bladder diverticulum, single or multiple      | No                  |     |                   | MMP           |
| 51530  | Cystotomy; for excision of bladder tumor                                 | No                  |     |                   | MMP           |
| 51535  | Cystotomy for excision, incision, or repair of ureterocele               | No                  |     |                   | MMP           |
| 51550  | Cystectomy, partial; simple  | No                  |     |                   | MMP           |
| 51555  | Cystectomy, partial; complicated (eg, postradiation, previous surgery,   | No                  |     |                   | MMP           |
| 51565  | Cystectomy, partial, with reimplantation of ureter(s) into bladder       | No                  |     |                   | MMP           |
| 51570  | Cystectomy, complete; (separate procedure)                               | No                  |     |                   | MMP           |
| 51575  | Cystectomy, complete; with bilateral pelvic lymphadenectomy, including   | No                  |     |                   | MMP           |
| 51580  | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous      | No                  |     |                   | MMP           |
| 51585  | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous      | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 51590  | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder,  | No                  |     |                   | MMP           |
| 51595  | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder,  | No                  |     |                   | MMP           |
| 51596  | Cystectomy, complete, with continent diversion, any open technique,  | No                  |     |                   | MMP           |
| 51597  | Pelvic exenteration, complete, for vesical, prostatic or urethral  | No                  |     |                   | MMP           |
| 51600  | Injection procedure for cystography or voiding urethrocytography   | No                  |     |                   | MMP           |
| 51605  | Injection procedure and placement of chain for contrast and/or chain   | No                  |     |                   | MMP           |
| 51610  | Injection procedure for retrograde urethrocytography   | No                  |     |                   | MMP           |
| 51700  | Bladder irrigation, simple, lavage and/or instillation   | No                  |     |                   | MMP           |
| 51701  | Insertion of non-indwelling bladder catheter (eg, straight   | No                  |     |                   | MMP           |
| 51702  | Insertion of temporary indwelling bladder catheter; simple (eg, Foley)   | No                  |     |                   | MMP           |
| 51703  | Insertion of temporary indwelling bladder catheter; complicated (eg,   | No                  |     |                   | MMP           |
| 51705  | Change of cystostomy tube; simple  | No                  |     |                   | MMP           |
| 51710  | Change of cystostomy tube; complicated   | No                  |     |                   | MMP           |
| 51715  | ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK                    | No                  |     |                   | MMP           |
| 51720  | Bladder instillation of anticarcinogenic agent (including detention  | No                  |     |                   | MMP           |
| 51725  | Simple cystometrogram (CMG) (eg, spinal manometer)   | No                  |     |                   | MMP           |
| 51726  | Complex cystometrogram (eg, calibrated electronic equipment)   | No                  |     |                   | MMP           |
| 51727  | COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT); W/URETHRAL PRESSURE PROFILE STUDIES (IE,UCPP), ANY TECHNIQUE | No                  |     |                   | MMP           |
| 51728  | COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT); W/VOIDING PRESSURE STUDIES, ANY TECHNIQUE                    | No                  |     |                   | MMP           |
| 51729  | COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT); W/VOIDING & URETHRAL PRESSURE PROFILE STUDIES, ANY TECHNIQUE | No                  |     |                   | MMP           |
| 51736  | Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical  | No                  |     |                   | MMP           |
| 51741  | Complex uroflowmetry (eg, calibrated electronic equipment)   | No                  |     |                   | MMP           |
| 51772  | Urethral pressure profile studies (UPP) (urethral closure pressure   | No                  |     |                   | MMP           |
| 51784  | Electromyography studies (EMG) of anal or urethral sphincter, other than   | No                  |     |                   | MMP           |
| 51785  | Needle electromyography studies (EMG) of anal or urethral sphincter,   | No                  |     |                   | MMP           |
| 51792  | Stimulus evoked response (eg, measurement of bulbocavernosus reflex  | No                  |     |                   | MMP           |
| 51795  | Voiding pressure studies (VP); bladder voiding pressure, any technique   | No                  |     |                   | MMP           |
| 51797  | Voiding pressure studies (VP); intra-abdominal voiding pressure (AP)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 51798  | Measurement of post-voiding residual urine and/or bladder capacity by    | No                  |     |                   | MMP           |
| 51800  | Cystoplasty or cystourethroplasty, plastic operation on bladder and/or   | No                  |     |                   | MMP           |
| 51820  | Cystourethroplasty with unilateral or bilateral ureteroneocystostomy     | No                  |     |                   | MMP           |
| 51840  | Anterior vesicourethropexy, or urethropexy (eg,                          | No                  |     |                   | MMP           |
| 51841  | Anterior vesicourethropexy, or urethropexy (eg,                          | No                  |     |                   | MMP           |
| 51845  | Abdomino-vaginal vesical neck suspension, with or without endoscopic     | No                  |     |                   | MMP           |
| 51860  | Cystorrhaphy, suture of bladder wound, injury or rupture; simple         | No                  |     |                   | MMP           |
| 51865  | Cystorrhaphy, suture of bladder wound, injury or rupture; complicated    | No                  |     |                   | MMP           |
| 51880  | Closure of cystostomy (separate procedure)                               | No                  |     |                   | MMP           |
| 51900  | Closure of vesicovaginal fistula, abdominal approach                     | No                  |     |                   | MMP           |
| 51920  | Closure of vesicouterine fistula;  | No                  |     |                   | MMP           |
| 51925  | Closure of vesicouterine fistula; with hysterectomy                      | No                  |     |                   | MMP           |
| 51940  | Closure, exstrophy of bladder  | No                  |     |                   | MMP           |
| 51960  | Enterocystoplasty, including intestinal anastomosis                      | No                  |     |                   | MMP           |
| 51980  | Cutaneous vesicostomy  | No                  |     |                   | MMP           |
| 51990  | Laparoscopy, surgical; urethral suspension for stress incontinence       | No                  |     |                   | MMP           |
| 51992  | Laparoscopy, surgical; sling operation for stress incontinence (eg,      | No                  |     |                   | MMP           |
| 51999  | UNLISTED LAPAROSCOPY PROCEDURE, BLADDER                                  | Yes                 |     |                   | MMP           |
| 52000  | Cystourethroscopy (separate procedure)                                   | No                  |     |                   | MMP           |
| 52001  | Cystourethroscopy with irrigation and evacuation of multiple obstructing | No                  |     |                   | MMP           |
| 52005  | Cystourethroscopy, with ureteral catheterization, with or without        | No                  |     |                   | MMP           |
| 52007  | Cystourethroscopy, with ureteral catheterization, with or without        | No                  |     |                   | MMP           |
| 52010  | Cystourethroscopy, with ejaculatory duct catheterization, with or        | No                  |     |                   | MMP           |
| 52204  | Cystourethroscopy, with biopsy   | No                  |     |                   | MMP           |
| 52214  | Cystoscopy and treatment   | No                  |     |                   | MMP           |
| 52224  | Cystourethroscopy, with fulguration (including cryosurgery or laser      | No                  |     |                   | MMP           |
| 52234  | Cystourethroscopy, with fulguration (including cryosurgery or laser      | No                  |     |                   | MMP           |
| 52235  | Cystourethroscopy, with fulguration (including cryosurgery or laser      | No                  |     |                   | MMP           |
| 52240  | Cystourethroscopy, with fulguration (including cryosurgery or laser      | No                  |     |                   | MMP           |
| 52250  | Cystourethroscopy with insertion of radioactive substance, with or       | No                  |     |                   | MMP           |
| 52260  | Cystourethroscopy, with dilation of bladder for interstitial cystitis;   | No                  |     |                   | MMP           |
| 52265  | Cystourethroscopy, with dilation of bladder for interstitial cystitis;   | No                  |     |                   | MMP           |
| 52270  | Cystourethroscopy, with internal urethrotomy; female                     | No                  |     |                   | MMP           |
| 52275  | Cystourethroscopy, with internal urethrotomy; male                       | No                  |     |                   | MMP           |
| 52276  | Cystourethroscopy with direct vision internal urethrotomy                | No                  |     |                   | MMP           |
| 52277  | Cystourethroscopy, with resection of external sphincter (sphincterotomy) | No                  |     |                   | MMP           |
| 52281  | Cystourethroscopy, with calibration and/or dilation of urethral          | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 52282  | Cystourethroscopy, with insertion of urethral stent  | No                  |     |                   | MMP           |
| 52283  | Cystourethroscopy, with steroid injection into stricture   | No                  |     |                   | MMP           |
| 52285  | Cystourethroscopy for treatment of the female urethral syndrome with any   | No                  |     |                   | MMP           |
| 52287  | Cystourethroscopy, with injection(s) for chemodenervation of the bladder   | No                  |     |                   | MMP           |
| 52290  | Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral  | No                  |     |                   | MMP           |
| 52300  | Cystourethroscopy; with resection or fulguration of orthotopic   | No                  |     |                   | MMP           |
| 52301  | Cystourethroscopy; with resection or fulguration of ectopic  | No                  |     |                   | MMP           |
| 52305  | Cystourethroscopy; with incision or resection of orifice of bladder  | No                  |     |                   | MMP           |
| 52310  | Cystourethroscopy, with removal of foreign body, calculus, or ureteral   | No                  |     |                   | MMP           |
| 52315  | Cystourethroscopy, with removal of foreign body, calculus, or ureteral   | No                  |     |                   | MMP           |
| 52317  | Litholapaxy: crushing or fragmentation of calculus by any means in   | No                  |     |                   | MMP           |
| 52318  | Litholapaxy: crushing or fragmentation of calculus by any means in   | No                  |     |                   | MMP           |
| 52320  | Cystourethroscopy (including ureteral catheterization); with removal of  | No                  |     |                   | MMP           |
| 52325  | Cystourethroscopy (including ureteral catheterization); with   | No                  |     |                   | MMP           |
| 52327  | Cystourethroscopy (including ureteral catheterization); with subureteric   | No                  |     |                   | MMP           |
| 52330  | Cystourethroscopy (including ureteral catheterization); with   | No                  |     |                   | MMP           |
| 52332  | Cystourethroscopy, with insertion of indwelling ureteral stent (eg,  | No                  |     |                   | MMP           |
| 52334  | Cystourethroscopy with insertion of ureteral guide wire through kidney   | No                  |     |                   | MMP           |
| 52341  | Cystourethroscopy; with treatment of ureteral stricture (eg, balloon   | No                  |     |                   | MMP           |
| 52342  | Cystourethroscopy; with treatment of ureteropelvic junction stricture  | No                  |     |                   | MMP           |
| 52343  | Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon  | No                  |     |                   | MMP           |
| 52344  | Cystourethroscopy with ureteroscopy; with treatment of ureteral  | No                  |     |                   | MMP           |
| 52345  | Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic   | No                  |     |                   | MMP           |
| 52346  | Cystourethroscopy with ureteroscopy; with treatment of intra-renal   | No                  |     |                   | MMP           |
| 52351  | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic   | No                  |     |                   | MMP           |
| 52352  | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or  | No                  |     |                   | MMP           |
| 52353  | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy   | No                  |     |                   | MMP           |
| 52354  | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy  | No                  |     |                   | MMP           |
| 52355  | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection   | No                  |     |                   | MMP           |
| 52356  | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type) | No                  |     |                   | MMP           |
| 52400  | Cystourethroscopy with incision, fulguration, or resection of congenital   | No                  |     |                   | MMP           |
| 52402  | Cystourethroscopy with transurethral resection or incision of  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 52441  | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant   | No                  |     |                   | MMP           |
| 52442  | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 52450  | Transurethral incision of prostate   | No                  |     |                   | MMP           |
| 52500  | Transurethral resection of bladder neck (separate procedure)   | No                  |     |                   | MMP           |
| 52601  | Transurethral electrosurgical resection of prostate, including control   | No                  |     |                   | MMP           |
| 52630  | Transurethral resection; of regrowth of obstructive tissue longer than   | No                  |     |                   | MMP           |
| 52640  | Transurethral resection; of postoperative bladder neck contracture   | No                  |     |                   | MMP           |
| 52647  | Non-contact laser coagulation of prostate, including control of  | No                  |     |                   | MMP           |
| 52648  | Contact laser vaporization with or without transurethral resection of  | No                  |     |                   | MMP           |
| 52649  | Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) | No                  |     |                   | MMP           |
| 52700  | Transurethral drainage of prostatic abscess  | No                  |     |                   | MMP           |
| 53000  | Urethrotomy or urethrostomy, external (separate procedure); pendulous  | No                  |     |                   | MMP           |
| 53010  | Urethrotomy or urethrostomy, external (separate procedure); perineal   | No                  |     |                   | MMP           |
| 53020  | Meatotomy, cutting of meatus (separate procedure); except infant   | No                  |     |                   | MMP           |
| 53025  | Meatotomy, cutting of meatus (separate procedure); infant  | No                  |     |                   | MMP           |
| 53040  | Drainage of deep periurethral abscess  | No                  |     |                   | MMP           |
| 53060  | Drainage of Skene's gland abscess or cyst  | No                  |     |                   | MMP           |
| 53080  | Drainage of perineal urinary extravasation; uncomplicated (separate  | No                  |     |                   | MMP           |
| 53085  | Drainage of perineal urinary extravasation; complicated  | No                  |     |                   | MMP           |
| 53200  | Biopsy of urethra  | No                  |     |                   | MMP           |
| 53210  | Urethrectomy, total, including cystostomy; female  | No                  |     |                   | MMP           |
| 53215  | Urethrectomy, total, including cystostomy; male  | No                  |     |                   | MMP           |
| 53220  | Excision or fulguration of carcinoma of urethra  | No                  |     |                   | MMP           |
| 53230  | Excision of urethral diverticulum (separate procedure); female   | No                  |     |                   | MMP           |
| 53235  | Excision of urethral diverticulum (separate procedure); male   | No                  |     |                   | MMP           |
| 53240  | Marsupialization of urethral diverticulum, male or female  | No                  |     |                   | MMP           |
| 53250  | Excision of bulbourethral gland (Cowper's gland)   | No                  |     |                   | MMP           |
| 53260  | Excision or fulguration; urethral polyp(s), distal urethra   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 53265  | Excision or fulguration; urethral caruncle  | No                  |     |                   | MMP           |
| 53270  | Excision or fulguration; Skene's glands   | No                  |     |                   | MMP           |
| 53275  | Excision or fulguration; urethral prolapse  | No                  |     |                   | MMP           |
| 53400  | Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg,  | No                  |     |                   | MMP           |
| 53405  | Urethroplasty; second stage (formation of urethra), including urinary   | No                  |     |                   | MMP           |
| 53410  | Urethroplasty, one-stage reconstruction of male anterior urethra  | No                  |     |                   | MMP           |
| 53415  | Urethroplasty, transpubic or perineal, one stage, for reconstruction or   | No                  |     |                   | MMP           |
| 53420  | Urethroplasty, two-stage reconstruction or repair of prostatic or   | No                  |     |                   | MMP           |
| 53425  | Urethroplasty, two-stage reconstruction or repair of prostatic or   | No                  |     |                   | MMP           |
| 53430  | Urethroplasty, reconstruction of female urethra   | No                  |     |                   | MMP           |
| 53431  | Urethroplasty with tubularization of posterior urethra and/or lower   | No                  |     |                   | MMP           |
| 53440  | Sling operation for correction of male urinary incontinence (eg, fascia   | No                  |     |                   | MMP           |
| 53442  | Removal or revision of sling for male urinary incontinence (eg, fascia  | No                  |     |                   | MMP           |
| 53444  | Insertion of tandem cuff (dual cuff)  | No                  |     |                   | MMP           |
| 53445  | Insertion of inflatable urethral/bladder neck sphincter, including  | No                  |     |                   | MMP           |
| 53446  | Removal of inflatable urethral/bladder neck sphincter, including pump,  | No                  |     |                   | MMP           |
| 53447  | Removal and replacement of inflatable urethral/bladder neck sphincter   | No                  |     |                   | MMP           |
| 53448  | Removal and replacement of inflatable urethral/bladder neck sphincter   | No                  |     |                   | MMP           |
| 53449  | Repair of inflatable urethral/bladder neck sphincter, including pump,   | No                  |     |                   | MMP           |
| 53450  | Urethromeatoplasty, with mucosal advancement  | No                  |     |                   | MMP           |
| 53460  | Urethromeatoplasty, with partial excision of distal urethral segment  | No                  |     |                   | MMP           |
| 53500  | URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN INCLUDING CYSTOURETHROSCOPY (EG POSTSURGICAL OBSTRUCTION, SCARRING) | No                  |     |                   | MMP           |
| 53502  | Urethrorrhaphy, suture of urethral wound or injury, female  | No                  |     |                   | MMP           |
| 53505  | Urethrorrhaphy, suture of urethral wound or injury; penile  | No                  |     |                   | MMP           |
| 53510  | Urethrorrhaphy, suture of urethral wound or injury; perineal  | No                  |     |                   | MMP           |
| 53515  | Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous  | No                  |     |                   | MMP           |
| 53520  | Closure of urethrostomy or urethrocutaneous fistula, male (separate   | No                  |     |                   | MMP           |
| 53600  | Dilation of urethral stricture by passage of sound or urethral dilator,   | No                  |     |                   | MMP           |
| 53601  | Dilation of urethral stricture by passage of sound or urethral dilator,   | No                  |     |                   | MMP           |
| 53605  | Dilation of urethral stricture or vesical neck by passage of sound or   | No                  |     |                   | MMP           |
| 53620  | Dilation of urethral stricture by passage of filiform and follower,   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 53621  | Dilation of urethral stricture by passage of filiform and follower,   | No                  |     |                   | MMP           |
| 53660  | Dilation of female urethra including suppository and/or instillation;   | No                  |     |                   | MMP           |
| 53661  | Dilation of female urethra including suppository and/or instillation;   | No                  |     |                   | MMP           |
| 53665  | Dilation of female urethra, general or conduction (spinal) anesthesia   | No                  |     |                   | MMP           |
| 53850  | Transurethral destruction of prostate tissue; by microwave thermotherapy  | No                  |     |                   | MMP           |
| 53852  | Transurethral destruction of prostate tissue; by radiofrequency   | No                  |     |                   | MMP           |
| 53855  | INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT   | No                  |     |                   | MMP           |
| 53860  | Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence | No                  |     |                   | MMP           |
| 53899  | UNLISTED PROCEDURE, URINARY SYSTEM  | Yes                 |     |                   | MMP           |
| 54000  | Slitting of prepuce, dorsal or lateral (separate procedure); newborn  | No                  |     |                   | MMP           |
| 54001  | Slitting of prepuce, dorsal or lateral (separate procedure); except   | No                  |     |                   | MMP           |
| 54015  | Incision and drainage of penis, deep  | No                  |     |                   | MMP           |
| 54050  | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum  | No                  |     |                   | MMP           |
| 54055  | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum  | No                  |     |                   | MMP           |
| 54056  | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum  | No                  |     |                   | MMP           |
| 54057  | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum  | No                  |     |                   | MMP           |
| 54060  | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum  | No                  |     |                   | MMP           |
| 54065  | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum  | No                  |     |                   | MMP           |
| 54100  | Biopsy of penis; (separate procedure)   | No                  |     |                   | MMP           |
| 54105  | Biopsy of penis; deep structures  | No                  |     |                   | MMP           |
| 54110  | Excision of penile plaque (Peyronie disease);   | No                  |     |                   | MMP           |
| 54111  | Excision of penile plaque (Peyronie disease); with graft to 5 cm in   | No                  |     |                   | MMP           |
| 54112  | Excision of penile plaque (Peyronie disease); with graft greater than 5   | No                  |     |                   | MMP           |
| 54115  | Removal foreign body from deep penile tissue (eg, plastic implant)  | No                  |     |                   | MMP           |
| 54120  | Amputation of penis; partial  | No                  |     |                   | MMP           |
| 54125  | Amputation of penis; complete   | No                  |     |                   | MMP           |
| 54130  | Amputation of penis, radical; with bilateral inguinofemoral   | No                  |     |                   | MMP           |
| 54135  | Amputation of penis, radical; in continuity with bilateral pelvic   | No                  |     |                   | MMP           |
| 54150  | Circumcision, using clamp or other device; newborn  | No                  |     |                   | MMP           |
| 54160  | Circumcision, surgical excision other than clamp, device or dorsal slit;  | No                  |     |                   | MMP           |
| 54161  | Circumcision, surgical excision other than clamp, device or dorsal slit;  | No                  |     |                   | MMP           |
| 54162  | Lysis or excision of penile post-circumcision adhesions   | No                  |     |                   | MMP           |
| 54163  | Repair incomplete circumcision  | No                  |     |                   | MMP           |
| 54164  | Frenulotomy of penis  | No                  |     |                   | MMP           |
| 54200  | Injection procedure for Peyronie disease;   | No                  |     |                   | MMP           |
| 54205  | Injection procedure for Peyronie disease; with surgical exposure of   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 54220  | Irrigation of corpora cavernosa for priapism  | No                  |     |                   | MMP           |
| 54230  | INJECTION PROCEDURE FOR CORPORA CAVERNOGRAPHY   | Yes                 |     |                   | MMP           |
| 54231  | DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)        | Yes                 |     |                   | MMP           |
| 54235  | Injection of corpora cavernosa with pharmacologic agent(s) (eg,   | Yes                 |     |                   | MMP           |
| 54240  | Penile plethysmography  | Yes                 |     |                   | MMP           |
| 54250  | Nocturnal penile tumescence and/or rigidity test  | No                  |     |                   | MMP           |
| 54300  | Plastic operation of penis for straightening of chordee (eg,  | No                  |     |                   | MMP           |
| 54304  | Plastic operation on penis for correction of chordee or for first stage   | No                  |     |                   | MMP           |
| 54308  | Urethroplasty for second stage hypospadias repair (including urinary  | No                  |     |                   | MMP           |
| 54312  | Urethroplasty for second stage hypospadias repair (including urinary  | No                  |     |                   | MMP           |
| 54316  | Urethroplasty for second stage hypospadias repair (including urinary  | No                  |     |                   | MMP           |
| 54318  | Urethroplasty for third stage hypospadias repair to release penis from  | No                  |     |                   | MMP           |
| 54322  | One stage distal hypospadias repair (with or without chordee or   | No                  |     |                   | MMP           |
| 54324  | One stage distal hypospadias repair (with or without chordee or   | No                  |     |                   | MMP           |
| 54326  | One stage distal hypospadias repair (with or without chordee or   | No                  |     |                   | MMP           |
| 54328  | One stage distal hypospadias repair (with or without chordee or   | No                  |     |                   | MMP           |
| 54332  | One stage proximal penile or penoscrotal hypospadias repair requiring   | No                  |     |                   | MMP           |
| 54336  | One stage perineal hypospadias repair requiring extensive dissection to   | No                  |     |                   | MMP           |
| 54340  | Repair of hypospadias complications (ie, fistula, stricture,  | No                  |     |                   | MMP           |
| 54344  | Repair of hypospadias complications (ie, fistula, stricture,  | No                  |     |                   | MMP           |
| 54348  | Repair of hypospadias complications (ie, fistula, stricture,  | No                  |     |                   | MMP           |
| 54352  | Repair of hypospadias cripple requiring extensive dissection and  | No                  |     |                   | MMP           |
| 54360  | Plastic operation on penis to correct angulation  | Yes                 |     |                   | MMP           |
| 54380  | Plastic operation on penis for epispadias distal to external sphincter;   | No                  |     |                   | MMP           |
| 54385  | Plastic operation on penis for epispadias distal to external sphincter;   | No                  |     |                   | MMP           |
| 54390  | Plastic operation on penis for epispadias distal to external sphincter;   | No                  |     |                   | MMP           |
| 54400  | INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)   | Yes                 |     |                   | MMP           |
| 54401  | INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)   | Yes                 |     |                   | MMP           |
| 54405  | INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESERVOIR | Yes                 |     |                   | MMP           |
| 54406  | REMOVAL OF PENILE PROSTHESIS  | Yes                 |     |                   | MMP           |



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| 54408  | REPAIR OF PENILE PROSTHESIS   | Yes                 |     |                   | MMP           |
| 54410  | REMOVAL/REPLACEMENT OF PENILE PROSTHESIS                                    | Yes                 |     |                   | MMP           |
| 54411  | REMOVAL/REPLACEMENT OF PENILE PROSTHESIS                                    | Yes                 |     |                   | MMP           |
| 54415  | REMOVAL OF PENILE PROSTHESIS  | No                  |     |                   | MMP           |
| 54416  | REMOVAL/REPLACEMENT OF PENILE PROSTHESIS                                    | Yes                 |     |                   | MMP           |
| 54417  | REMOVAL/REPLACEMENT OF PENILE PROSTHESIS                                    | Yes                 |     |                   | MMP           |
| 54420  | Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral     | No                  |     |                   | MMP           |
| 54430  | Corpora cavernosa-corpora spongiosum shunt (priapism operation),            | No                  |     |                   | MMP           |
| 54435  | Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter      | No                  |     |                   | MMP           |
| 54437  | Repair of traumatic corporeal tear(s)                                       | No                  |     |                   | MMP           |
| 54438  | Replantation, penis, complete amputation including urethral repair          | No                  |     |                   | MMP           |
| 54440  | Plastic operation of penis for injury                                       | No                  |     |                   | MMP           |
| 54450  | FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING | No                  |     |                   | MMP           |
| 54500  | Biopsy of testis, needle (separate procedure)                               | No                  | *   |                   | MMP           |
| 54505  | Biopsy of testis, incisional (separate procedure)                           | No                  | *   |                   | MMP           |
| 54512  | Excision of extraparenchymal lesion of testis                               | No                  |     |                   | MMP           |
| 54520  | Orchiectomy, simple (including subcapsular), with or without testicular     | No                  |     |                   | MMP           |
| 54522  | Orchiectomy, partial  | No                  |     |                   | MMP           |
| 54530  | Orchiectomy, radical, for tumor; inguinal approach                          | No                  |     |                   | MMP           |
| 54535  | Orchiectomy, radical, for tumor; with abdominal exploration                 | No                  |     |                   | MMP           |
| 54550  | Exploration for undescended testis (inguinal or scrotal area)               | No                  |     |                   | MMP           |
| 54560  | Exploration for undescended testis with abdominal exploration               | No                  |     |                   | MMP           |
| 54600  | Reduction of torsion of testis, surgical, with or without fixation of       | No                  |     |                   | MMP           |
| 54620  | Fixation of contralateral testis (separate procedure)                       | No                  |     |                   | MMP           |
| 54640  | Orchiopexy, inguinal approach, with or without hernia repair                | No                  | *   |                   | MMP           |
| 54650  | Orchiopexy, abdominal approach, for intra-abdominal testis (eg,             | No                  | *   |                   | MMP           |
| 54660  | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)                     | No                  |     |                   | MMP           |
| 54670  | Suture or repair of testicular injury                                       | No                  |     |                   | MMP           |
| 54680  | Transplantation of testis(es) to thigh (because of scrotal destruction)     | No                  |     |                   | MMP           |
| 54690  | Laparoscopy, surgical; orchiectomy  | No                  |     |                   | MMP           |
| 54692  | Laparoscopy, surgical; orchiopexy for intra-abdominal testis                | No                  |     |                   | MMP           |
| 54699  | UNLISTED LAPAROSCOPIC PROCEDURE, TESTIS                                     | Yes                 |     |                   | MMP           |
| 54700  | Incision and drainage of epididymis, testis and/or scrotal space (eg,       | No                  |     |                   | MMP           |
| 54800  | Biopsy of epididymis, needle  | No                  | *   |                   | MMP           |
| 54830  | Excision of local lesion of epididymis                                      | No                  |     |                   | MMP           |
| 54840  | Excision of spermatocele, with or without epididymectomy                    | No                  | *   |                   | MMP           |
| 54860  | Epididymectomy; unilateral  | No                  | *   |                   | MMP           |
| 54861  | Epididymectomy; bilateral   | No                  | *   |                   | MMP           |

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| 54865  | EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY   | No                  |     |                   | MMP           |
| 54900  | Epididymovasostomy, anastomosis of epididymis to vas deferens;  | No                  | *   |                   | MMP           |
| 54901  | Epididymovasostomy, anastomosis of epididymis to vas deferens;  | No                  | *   |                   | MMP           |
| 55000  | Puncture aspiration of hydrocele, tunica vaginalis, with or without   | No                  |     |                   | MMP           |
| 55040  | Excision of hydrocele; unilateral   | No                  |     |                   | MMP           |
| 55041  | Excision of hydrocele; bilateral  | No                  |     |                   | MMP           |
| 55060  | Repair of tunica vaginalis hydrocele (Bottle type)  | No                  |     |                   | MMP           |
| 55100  | Drainage of scrotal wall abscess  | No                  |     |                   | MMP           |
| 55110  | Scrotal exploration   | No                  | *   |                   | MMP           |
| 55120  | Removal of foreign body in scrotum  | No                  |     |                   | MMP           |
| 55150  | Resection of scrotum  | No                  |     |                   | MMP           |
| 55175  | Scrotoplasty; simple  | No                  |     |                   | MMP           |
| 55180  | Scrotoplasty; complicated   | No                  |     |                   | MMP           |
| 55200  | Vasotomy, cannulization with or without incision of vas, unilateral or  | No                  |     |                   | MMP           |
| 55250  | Vasectomy, unilateral or bilateral (separate procedure), including  | No                  | *   |                   | MMP           |
| 55300  | Vasotomy for vasograms, seminal vesiculograms, or epididymograms,   | No                  | *   |                   | MMP           |
| 55400  | VASOVASOSTOMY, VASOVASORRHAPHY  | No                  |     |                   | MMP           |
| 55500  | Excision of hydrocele of spermatic cord, unilateral (separate procedure)  | No                  |     |                   | MMP           |
| 55520  | Excision of lesion of spermatic cord (separate procedure)   | No                  |     |                   | MMP           |
| 55530  | Excision of varicocele or ligation of spermatic veins for varicocele;   | No                  | *   |                   | MMP           |
| 55535  | Excision of varicocele or ligation of spermatic veins for varicocele;   | No                  | *   |                   | MMP           |
| 55540  | Excision of varicocele or ligation of spermatic veins for varicocele;   | No                  | *   |                   | MMP           |
| 55550  | Laparoscopy, surgical, with ligation of spermatic veins for varicocele  | No                  | *   |                   | MMP           |
| 55559  | UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD  | Yes                 |     |                   | MMP           |
| 55600  | Vesiculotomy;   | No                  |     |                   | MMP           |
| 55605  | Vesiculotomy; complicated   | No                  |     |                   | MMP           |
| 55650  | Vesiculectomy, any approach   | No                  |     |                   | MMP           |
| 55680  | Excision of Mullerian duct cyst   | No                  |     |                   | MMP           |
| 55700  | Biopsy, prostate; needle or punch, single or multiple, any approach   | No                  |     |                   | MMP           |
| 55705  | Biopsy, prostate; incisional, any approach  | No                  |     |                   | MMP           |
| 55706  | Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance | No                  |     |                   | MMP           |
| 55720  | Prostatotomy, external drainage of prostatic abscess, any approach;   | No                  |     |                   | MMP           |
| 55725  | Prostatotomy, external drainage of prostatic abscess, any approach;   | No                  |     |                   | MMP           |
| 55801  | Prostatectomy, perineal, subtotal (including control of postoperative   | No                  |     |                   | MMP           |
| 55810  | Prostatectomy, perineal radical;  | No                  |     |                   | MMP           |
| 55812  | Prostatectomy, perineal radical; with lymph node biopsy(s) (limited   | No                  |     |                   | MMP           |
| 55815  | Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy,   | No                  |     |                   | MMP           |
| 55821  | Prostatectomy (including control of postoperative bleeding, vasectomy,  | No                  |     |                   | MMP           |
| 55831  | Prostatectomy (including control of postoperative bleeding, vasectomy,  | No                  |     |                   | MMP           |
| 55840  | Prostatectomy, retropubic radical, with or without nerve sparing;   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 55842  | PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)  | No                  |     |                   | MMP           |
| 55845  | Prostatectomy, retropubic radical, with or without nerve sparing; with  | No                  |     |                   | MMP           |
| 55860  | Exposure of prostate, any approach, for insertion of radioactive  | No                  |     |                   | MMP           |
| 55862  | Exposure of prostate, any approach, for insertion of radioactive  | No                  |     |                   | MMP           |
| 55865  | Exposure of prostate, any approach, for insertion of radioactive  | No                  |     |                   | MMP           |
| 55866  | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed   | No                  |     |                   | MMP           |
| 55870  | ELECTROEJACULATION  | Yes                 |     |                   | MMP           |
| 55873  | CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTITIAL CRYOSURGICAL PROBE PLACEMENT)  | No                  |     |                   | MMP           |
| 55874  | Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed <b>termed code 0438T</b> | No                  |     |                   | MMP           |
| 55875  | TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS IN PROSTATE   | No                  |     |                   | MMP           |
| 55876  | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple         | No                  |     |                   | MMP           |
| 55899  | UNLISTED PROCEDURE, MALE GENITAL SYSTEM   | Yes                 |     |                   | MMP           |
| 55920  | PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION                          | No                  |     |                   | MMP           |
| 55970  | INTERSEX SURGERY; MALE TO FEMALE  | Yes                 |     |                   | MMP           |
| 55980  | INTERSEX SURGERY; FEMALE TO MALE  | Yes                 |     |                   | MMP           |
| 56405  | Incision and drainage of vulva or perineal abscess  | No                  |     |                   | MMP           |
| 56420  | Incision and drainage of Bartholin's gland abscess  | No                  |     |                   | MMP           |
| 56440  | Marsupialization of Bartholin's gland cyst  | No                  |     |                   | MMP           |
| 56441  | Lysis of labial adhesions   | No                  |     |                   | MMP           |
| 56442  | HYMENOTOMY, SIMPLE INCISION   | No                  |     |                   | MMP           |
| 56501  | Destruction of lesion(s), vulva; simple (eg, laser surgery,   | No                  |     |                   | MMP           |
| 56515  | Destruction of lesion(s), vulva; extensive (eg, laser surgery,  | No                  |     |                   | MMP           |
| 56605  | Biopsy of vulva or perineum (separate procedure); one lesion  | No                  |     |                   | MMP           |
| 56606  | Biopsy of vulva or perineum (separate procedure); each separate   | No                  |     |                   | MMP           |
| 56620  | Vulvectomy simple; partial  | No                  |     |                   | MMP           |
| 56625  | Vulvectomy simple; complete   | No                  |     |                   | MMP           |
| 56630  | Vulvectomy, radical, partial;   | No                  |     |                   | MMP           |
| 56631  | Vulvectomy, radical, partial; with unilateral inguinofemoral  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 56632  | Vulvectomy, radical, partial; with bilateral inguinofemoral                        | No                  |     |                   | MMP           |
| 56633  | Vulvectomy, radical, complete;   | No                  |     |                   | MMP           |
| 56634  | Vulvectomy, radical, complete; with unilateral inguinofemoral                      | No                  |     |                   | MMP           |
| 56637  | Vulvectomy, radical, complete; with bilateral inguinofemoral                       | No                  |     |                   | MMP           |
| 56640  | Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic              | No                  |     |                   | MMP           |
| 56700  | Partial hymenectomy or revision of hymenal ring                                    | No                  |     |                   | MMP           |
| 56740  | Excision of Bartholin's gland or cyst  | No                  |     |                   | MMP           |
| 56800  | Plastic repair of introitus  | No                  |     |                   | MMP           |
| 56805  | Clitoroplasty for intersex state   | No                  |     |                   | MMP           |
| 56810  | Perineoplasty, repair of perineum, nonobstetrical (separate procedure)             | No                  |     |                   | MMP           |
| 56820  | Colposcopy of the vulva;   | No                  |     |                   | MMP           |
| 56821  | Colposcopy of the vulva; with biopsy(s)  | No                  |     |                   | MMP           |
| 57000  | Colpotomy; with exploration  | No                  |     |                   | MMP           |
| 57010  | Colpotomy; with drainage of pelvic abscess   | No                  |     |                   | MMP           |
| 57020  | Colpocentesis (separate procedure)   | No                  |     |                   | MMP           |
| 57022  | Incision and drainage of vaginal hematoma; obstetrical/postpartum                  | No                  |     |                   | MMP           |
| 57023  | Incision and drainage of vaginal hematoma; non-obstetrical (eg,                    | No                  |     |                   | MMP           |
| 57061  | Destruction of vaginal lesion(s); simple (eg, laser surgery,                       | No                  |     |                   | MMP           |
| 57065  | Destruction of vaginal lesion(s); extensive (eg, laser surgery,                    | No                  |     |                   | MMP           |
| 57100  | Biopsy of vaginal mucosa; simple (separate procedure)                              | No                  |     |                   | MMP           |
| 57105  | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)            | No                  |     |                   | MMP           |
| 57106  | Vaginectomy, partial removal of vaginal wall;                                      | No                  |     |                   | MMP           |
| 57107  | Vaginectomy, partial removal of vaginal wall; with removal of                      | No                  |     |                   | MMP           |
| 57109  | Vaginectomy, partial removal of vaginal wall; with removal of                      | No                  |     |                   | MMP           |
| 57110  | Vaginectomy, complete removal of vaginal wall;                                     | No                  |     |                   | MMP           |
| 57111  | Vaginectomy, complete removal of vaginal wall; with removal of                     | No                  |     |                   | MMP           |
| 57112  | Vaginectomy, complete removal of vaginal wall; with removal of                     | No                  |     |                   | MMP           |
| 57120  | COLPOCLEISIS (LE FORT TYPE)  | No                  |     |                   | MMP           |
| 57130  | Excision of vaginal septum   | No                  |     |                   | MMP           |
| 57135  | Excision of vaginal cyst or tumor  | No                  |     |                   | MMP           |
| 57150  | Irrigation of vagina and/or application of medicament for treatment of             | No                  |     |                   | MMP           |
| 57155  | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy       | No                  |     |                   | MMP           |
| 57156  | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy | No                  |     |                   | MMP           |
| 57160  | Fitting and insertion of pessary or other intravaginal support device              | No                  |     |                   | MMP           |
| 57170  | Diaphragm or cervical cap fitting with instructions                                | No                  |     |                   | MMP           |
| 57180  | Introduction of any hemostatic agent or pack for spontaneous or                    | No                  |     |                   | MMP           |
| 57200  | Colporrhaphy, suture of injury of vagina (nonobstetrical)                          | No                  |     |                   | MMP           |
| 57210  | Colpoperineorrhaphy, suture of injury of vagina and/or perineum                    | No                  |     |                   | MMP           |
| 57220  | Plastic operation on urethral sphincter, vaginal approach (eg, Kelly               | No                  |     |                   | MMP           |
| 57230  | Plastic repair of urethrocele  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 57240  | Anterior colporrhaphy, repair of cystocele with or without repair of                           | No                  |     |                   | MMP           |
| 57250  | Posterior colporrhaphy, repair of rectocele with or without                                    | No                  |     |                   | MMP           |
| 57260  | Combined anteroposterior colporrhaphy;   | No                  |     |                   | MMP           |
| 57265  | Combined anteroposterior colporrhaphy; with enterocele repair                                  | No                  |     |                   | MMP           |
| 57267  | Insertion of mesh or other prosthesis for repair of pelvic floor                               | No                  |     |                   | MMP           |
| 57268  | Repair of enterocele, vaginal approach (separate procedure)                                    | No                  |     |                   | MMP           |
| 57270  | Repair of enterocele, abdominal approach (separate procedure)                                  | No                  |     |                   | MMP           |
| 57280  | Colpopexy, abdominal approach  | No                  |     |                   | MMP           |
| 57282  | Colpopexy, vaginal; extra-peritoneal approach (sacrospinous,                                   | No                  |     |                   | MMP           |
| 57283  | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator                            | No                  |     |                   | MMP           |
| 57284  | Paravaginal defect repair (including repair of cystocele, stress urinary                       | No                  |     |                   | MMP           |
| 57285  | PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL APPROACH      | No                  |     |                   | MMP           |
| 57287  | Removal or revision of sling for stress incontinence (eg, fascia or                            | No                  |     |                   | MMP           |
| 57288  | Sling operation for stress incontinence (eg, fascia or synthetic)                              | No                  |     |                   | MMP           |
| 57289  | Pereyra procedure, including anterior colporrhaphy   | No                  |     |                   | MMP           |
| 57291  | Construction of artificial vagina; without graft   | No                  |     |                   | MMP           |
| 57292  | Construction of artificial vagina; with graft  | No                  |     |                   | MMP           |
| 57295  | Change vaginal graft   | No                  |     |                   | MMP           |
| 57296  | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH              | No                  |     |                   | MMP           |
| 57300  | Closure of rectovaginal fistula; vaginal or transanal approach                                 | No                  |     |                   | MMP           |
| 57305  | Closure of rectovaginal fistula; abdominal approach  | No                  |     |                   | MMP           |
| 57307  | Closure of rectovaginal fistula; abdominal approach, with concomitant                          | No                  |     |                   | MMP           |
| 57308  | body reconstruction, with or without levator plication   | No                  |     |                   | MMP           |
| 57310  | Closure of urethrovaginal fistula;   | No                  |     |                   | MMP           |
| 57311  | Closure of urethrovaginal fistula; with bulbocavernosus transplant                             | No                  |     |                   | MMP           |
| 57320  | Closure of vesicovaginal fistula; vaginal approach   | No                  |     |                   | MMP           |
| 57330  | Closure of vesicovaginal fistula; transvesical and vaginal approach                            | No                  |     |                   | MMP           |
| 57335  | Vaginoplasty for intersex state  | Yes                 |     |                   | MMP           |
| 57400  | Dilation of vagina under anesthesia  | No                  |     |                   | MMP           |
| 57410  | Pelvic examination under anesthesia  | No                  |     |                   | MMP           |
| 57415  | Removal of impacted vaginal foreign body (separate procedure) under                            | No                  |     |                   | MMP           |
| 57420  | Colposcopy of the entire vagina, with cervix if present;                                       | No                  |     |                   | MMP           |
| 57421  | Colposcopy of the entire vagina, with cervix if present; with biopsy(s)                        | No                  |     |                   | MMP           |
| 57423  | PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH | No                  |     |                   | MMP           |
| 57425  | LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)                                  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 57426  | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH | No                  |     |                   | MMP           |
| 57452  | Colposcopy of the cervix including upper/adjacent vagina;                       | No                  |     |                   | MMP           |
| 57454  | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s)        | No                  |     |                   | MMP           |
| 57455  | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s)        | No                  |     |                   | MMP           |
| 57456  | Colposcopy of the cervix including upper/adjacent vagina; with                  | No                  |     |                   | MMP           |
| 57460  | Colposcopy of the cervix including upper/adjacent vagina; with loop             | No                  |     |                   | MMP           |
| 57461  | Colposcopy of the cervix including upper/adjacent vagina; with loop             | No                  |     |                   | MMP           |
| 57500  | Biopsy, single or multiple, or local excision of lesion, with or without        | No                  |     |                   | MMP           |
| 57505  | Endocervical curettage (not done as part of a dilation and curettage)           | No                  |     |                   | MMP           |
| 57510  | Cautery of cervix; electro or thermal   | No                  |     |                   | MMP           |
| 57511  | Cautery of cervix; cryocautery, initial or repeat                               | No                  |     |                   | MMP           |
| 57513  | Cautery of cervix; laser ablation   | No                  |     |                   | MMP           |
| 57520  | Conization of cervix, with or without fulguration, with or without              | No                  |     |                   | MMP           |
| 57522  | Conization of cervix, with or without fulguration, with or without              | No                  |     |                   | MMP           |
| 57530  | Trachelectomy (cervicectomy), amputation of cervix (separate procedure)         | No                  |     |                   | MMP           |
| 57531  | Radical trachelectomy, with bilateral total pelvic lymphadenectomy and          | No                  |     |                   | MMP           |
| 57540  | Excision of cervical stump, abdominal approach;                                 | No                  |     |                   | MMP           |
| 57545  | Excision of cervical stump, abdominal approach; with pelvic floor repair        | No                  |     |                   | MMP           |
| 57550  | Excision of cervical stump, vaginal approach;                                   | No                  |     |                   | MMP           |
| 57555  | Excision of cervical stump, vaginal approach; with anterior and/or              | No                  |     |                   | MMP           |
| 57556  | Excision of cervical stump, vaginal approach; with repair of enterocele         | No                  |     |                   | MMP           |
| 57558  | DILATION AND CURETTAGE OF CERVICAL STUMP  | No                  |     |                   | MMP           |
| 57700  | Cerclage of uterine cervix, nonobstetrical                                      | No                  |     |                   | MMP           |
| 57720  | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach             | No                  |     |                   | MMP           |
| 57800  | Dilation of cervical canal, instrumental (separate procedure)                   | No                  |     |                   | MMP           |
| 58100  | Endometrial sampling (biopsy) with or without endocervical sampling             | No                  | *   |                   | MMP           |
| 58110  | Bx done w/colposcopy add-on   | No                  |     |                   | MMP           |
| 58120  | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)          | No                  |     |                   | MMP           |
| 58140  | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural           | No                  |     |                   | MMP           |
| 58145  | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural           | No                  | *   |                   | MMP           |
| 58146  | Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural        | No                  |     |                   | MMP           |
| 58150  | Total abdominal hysterectomy (corpus and cervix), with or without               | No                  |     |                   | MMP           |
| 58152  | Total abdominal hysterectomy (corpus and cervix), with or without               | No                  |     |                   | MMP           |
| 58180  | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or           | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 58200  | Total abdominal hysterectomy, including partial vaginectomy, with                                  | No                  |     |                   | MMP           |
| 58210  | Radical abdominal hysterectomy, with bilateral total pelvic  | No                  |     |                   | MMP           |
| 58240  | Pelvic exenteration for gynecologic malignancy, with total abdominal                               | No                  |     |                   | MMP           |
| 58260  | Vaginal hysterectomy, for uterus 250 grams or less;  | No                  |     |                   | MMP           |
| 58262  | Vaginal hysterectomy, for uterus 250 grams or less; with removal of                                | No                  |     |                   | MMP           |
| 58263  | Vaginal hysterectomy, for uterus 250 grams or less; with removal of                                | No                  |     |                   | MMP           |
| 58267  | Vaginal hysterectomy, for uterus 250 grams or less; with   | No                  |     |                   | MMP           |
| 58270  | Vaginal hysterectomy, for uterus 250 grams or less; with repair of                                 | No                  |     |                   | MMP           |
| 58275  | Vaginal hysterectomy, with total or partial vaginectomy;   | No                  |     |                   | MMP           |
| 58280  | Vaginal hysterectomy, with total or partial vaginectomy; with repair of                            | No                  |     |                   | MMP           |
| 58285  | Vaginal hysterectomy, radical (Schauta type operation)   | No                  |     |                   | MMP           |
| 58290  | Vaginal hysterectomy, for uterus greater than 250 grams;   | No                  |     |                   | MMP           |
| 58291  | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of                           | No                  |     |                   | MMP           |
| 58292  | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of                           | No                  |     |                   | MMP           |
| 58293  | Vaginal hysterectomy, for uterus greater than 250 grams; with                                      | No                  |     |                   | MMP           |
| 58294  | Vaginal hysterectomy, for uterus greater than 250 grams; with repair of                            | No                  |     |                   | MMP           |
| 58300  | Insertion of intrauterine device (IUD)   | No                  |     |                   | MMP           |
| 58301  | Removal of intrauterine device (IUD)   | No                  |     |                   | MMP           |
| 58321  | ARTIFICIAL INSEMINATION; INTRA-CERVICAL  | No                  |     |                   | MMP           |
| 58322  | ARTIFICIAL INSEMINATION; INTRA-UTERINE   | No                  |     |                   | MMP           |
| 58323  | SPERM WASHING FOR ARTIFICIAL INSEMINATION  | No                  |     |                   | MMP           |
| 58340  | Catheterization and introduction of saline or contrast material for                                | No                  | *   |                   | MMP           |
| 58345  | Transcervical introduction of fallopian tube catheter for diagnosis                                | No                  | *   |                   | MMP           |
| 58346  | Insertion of Heyman capsules for clinical brachytherapy  | No                  |     |                   | MMP           |
| 58350  | Chromotubation of oviduct, including materials   | No                  | *   |                   | MMP           |
| 58353  | ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE                                      | No                  |     |                   | MMP           |
| 58356  | ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURETTAGE, WHEN PERFORMED | No                  |     |                   | MMP           |
| 58400  | Uterine suspension, with or without shortening of round ligaments, with                            | No                  |     |                   | MMP           |
| 58410  | Uterine suspension, with or without shortening of round ligaments, with                            | No                  |     |                   | MMP           |
| 58520  | Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)   | No                  |     |                   | MMP           |
| 58540  | Hysteroplasty, repair of uterine anomaly (Strassman type)  | No                  | *   |                   | MMP           |
| 58541  | LAPAROSCOPY, SURGICAL; SUPRACERVICAL HYSTERECTOMY  | No                  |     |                   | MMP           |
| 58542  | LAPAROSCOPY, SURGICAL; SUPRACERVICAL HYSTERECTOMY  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 58543  | LAPAROSCOPY, SURGICAL; SUPRACERVICAL HYSTERECTOMY, FOR UTERUS  | No                  |     |                   | MMP           |
| 58544  | LAPAROSCOPY, SURGICAL; SUPRACERVICAL HYSTERECTOMY, FOR UTERUS  | No                  |     |                   | MMP           |
| 58545  | Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural   | No                  |     |                   | MMP           |
| 58546  | Laparoscopy, surgical, myomectomy, excision; 5 or more intramural  | No                  |     |                   | MMP           |
| 58548  | LAPAROSCOPY, SURGICAL; W/RADICAL HYSTERECTOMY, W/BILAT TOTAL   | No                  |     |                   | MMP           |
| 58550  | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or   | No                  |     |                   | MMP           |
| 58552  | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or   | No                  |     |                   | MMP           |
| 58553  | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater   | No                  |     |                   | MMP           |
| 58554  | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater   | No                  |     |                   | MMP           |
| 58555  | Hysteroscopy, diagnostic (separate procedure)  | No                  | *   |                   | MMP           |
| 58558  | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or   | No                  | *   |                   | MMP           |
| 58559  | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any  | No                  | *   |                   | MMP           |
| 58560  | Hysteroscopy, surgical; with division or resection of intrauterine   | No                  | *   |                   | MMP           |
| 58561  | Hysteroscopy, surgical; with removal of leiomyomata  | No                  | *   |                   | MMP           |
| 58562  | Hysteroscopy, surgical; with removal of impacted foreign body  | No                  | *   |                   | MMP           |
| 58563  | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)  | No                  | *   |                   | MMP           |
| 58565  | HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS   | No                  |     |                   | MMP           |
| 58570  | LAPROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250G OR LESS   | No                  |     |                   | MMP           |
| 58571  | LAPROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  | No                  |     |                   | MMP           |
| 58572  | LAPROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250G  | No                  |     |                   | MMP           |
| 58573  | LAPROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)   | No                  |     |                   | MMP           |
| 58575  | Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed | No                  |     |                   | MMP           |
| 58578  | UNLISTED LAPAROSCOPY PROCEDURE, UTERUS   | Yes                 |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key    | Rider Requirement | Product Lines |
| 58579  | UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS   | Yes                 |        |                   | MMP           |
| 58600  | Ligation or transection of fallopian tube(s), abdominal or vaginal  | No                  | *<br>- |                   | MMP           |
| 58605  | Ligation or transection of fallopian tube(s), abdominal or vaginal  | No                  | *<br>- |                   | MMP           |
| 58611  | Ligation or transection of fallopian tube(s) when done at the time of   | No                  | *<br>- |                   | MMP           |
| 58615  | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring)  | No                  | *<br>- |                   | MMP           |
| 58660  | Laparoscopy, surgical; with lysis of adhesions (salpingolysis,  | No                  | *<br>- |                   | MMP           |
| 58661  | Laparoscopy, surgical; with removal of adnexal structures (partial or   | No                  |        |                   | MMP           |
| 58662  | Laparoscopy, surgical; with fulguration or excision of lesions of the   | No                  | *<br>- |                   | MMP           |
| 58670  | Laparoscopy, surgical; with fulguration of oviducts (with or without  | No                  | *<br>- |                   | MMP           |
| 58671  | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band,  | No                  | *<br>- |                   | MMP           |
| 58672  | Laparoscopy, surgical; with fimbrioplasty   | No                  | *<br>- |                   | MMP           |
| 58673  | Laparoscopy, surgical; with salpingostomy (salpingoneostomy)  | No                  | *<br>- |                   | MMP           |
| 58674  | Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency | No                  |        |                   | MMP           |
| 58679  | UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY  | Yes                 |        |                   | MMP           |
| 58700  | Salpingectomy, complete or partial, unilateral or bilateral (separate   | No                  |        |                   | MMP           |
| 58720  | Salpingo-oophorectomy, complete or partial, unilateral or bilateral   | No                  |        |                   | MMP           |
| 58740  | Lysis of adhesions (salpingolysis, ovariolysis)   | No                  | *<br>- |                   | MMP           |
| 58750  | TUBOTUBAL ANASTOMOSIS   | No                  | *<br>- |                   | MMP           |
| 58760  | Fimbrioplasty   | No                  | *<br>- |                   | MMP           |
| 58770  | Salpingostomy (salpingoneostomy)  | No                  | *<br>- |                   | MMP           |
| 58800  | Drainage of ovarian cyst(s), unilateral or bilateral, (separate   | No                  |        |                   | MMP           |
| 58805  | Drainage of ovarian cyst(s), unilateral or bilateral, (separate   | No                  |        |                   | MMP           |
| 58820  | Drainage of ovarian abscess; vaginal approach, open   | No                  |        |                   | MMP           |
| 58822  | Drainage of ovarian abscess; abdominal approach   | No                  |        |                   | MMP           |
| 58825  | Transposition, ovary(s)   | No                  |        |                   | MMP           |
| 58900  | Biopsy of ovary, unilateral or bilateral (separate procedure)   | No                  | *<br>- |                   | MMP           |
| 58920  | Wedge resection or bisection of ovary, unilateral or bilateral  | No                  |        |                   | MMP           |
| 58925  | Ovarian cystectomy, unilateral or bilateral   | No                  |        |                   | MMP           |
| 58940  | Oophorectomy, partial or total, unilateral or bilateral;  | No                  |        |                   | MMP           |
| 58943  | Oophorectomy, partial or total, unilateral or bilateral; for ovarian,   | No                  |        |                   | MMP           |
| 58950  | Resection of ovarian, tubal or primary peritoneal malignancy with   | No                  |        |                   | MMP           |
| 58951  | Resection of ovarian, tubal or primary peritoneal malignancy with   | No                  |        |                   | MMP           |
| 58952  | Resection of ovarian, tubal or primary peritoneal malignancy with   | No                  |        |                   | MMP           |
| 58953  | Bilateral salpingo-oophorectomy with omentectomy, total abdominal   | No                  |        |                   | MMP           |
| 58954  | Bilateral salpingo-oophorectomy with omentectomy, total abdominal   | No                  |        |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 58956  | Bilateral salpingo-oophorectomy with total omentectomy, total  | No                  |     |                   | MMP           |
| 58957  | RESECT (TUMOR DEBULKING) RECURRENT OVARIAN, TUBAL, PRIM PERITONEAL,                                    | No                  |     |                   | MMP           |
| 58958  | RESECT (TUMOR DEBULKING) RECURRENT OVARIAN, TUBAL, PRIM PERITONEAL,                                    | No                  |     |                   | MMP           |
| 58960  | Laparotomy, for staging or restaging of ovarian, tubal or primary                                      | No                  |     |                   | MMP           |
| 58999  | UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)   | Yes                 |     |                   | MMP           |
| 59000  | Amniocentesis; diagnostic  | No                  |     |                   | MMP           |
| 59001  | Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound                               | No                  |     |                   | MMP           |
| 59012  | Cordocentesis (intrauterine), any method   | No                  |     |                   | MMP           |
| 59015  | Chorionic villus sampling, any method  | No                  |     |                   | MMP           |
| 59020  | Fetal contraction stress test  | No                  |     |                   | MMP           |
| 59025  | Fetal non-stress test  | No                  |     |                   | MMP           |
| 59030  | Fetal scalp blood sampling   | No                  |     |                   | MMP           |
| 59050  | Fetal monitoring during labor by consulting physician (ie, non-attending                               | No                  |     |                   | MMP           |
| 59051  | Fetal monitoring during labor by consulting physician (ie, non-attending                               | No                  |     |                   | MMP           |
| 59070  | TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE  | No                  |     |                   | MMP           |
| 59072  | FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE  | No                  |     |                   | MMP           |
| 59074  | FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS) INCLUDING ULTRASOUND GUIDANCE | No                  |     |                   | MMP           |
| 59076  | FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE   | No                  |     |                   | MMP           |
| 59100  | Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)   | No                  |     |                   | MMP           |
| 59120  | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring                                   | No                  |     |                   | MMP           |
| 59121  | Surgical treatment of ectopic pregnancy; tubal or ovarian, without                                     | No                  |     |                   | MMP           |
| 59130  | Surgical treatment of ectopic pregnancy; abdominal pregnancy   | No                  |     |                   | MMP           |
| 59135  | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy                               | No                  |     |                   | MMP           |
| 59136  | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy                               | No                  |     |                   | MMP           |
| 59140  | Surgical treatment of ectopic pregnancy; cervical, with evacuation                                     | No                  |     |                   | MMP           |
| 59150  | Laparoscopic treatment of ectopic pregnancy; without salpingectomy                                     | No                  |     |                   | MMP           |
| 59151  | Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or                                 | No                  |     |                   | MMP           |
| 59160  | Curettage, postpartum  | No                  |     |                   | MMP           |
| 59200  | Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate                                 | No                  |     |                   | MMP           |
| 59300  | Episiotomy or vaginal repair, by other than attending physician  | No                  |     |                   | MMP           |
| 59320  | Cerclage of cervix, during pregnancy; vaginal  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 59325  | Cerclage of cervix, during pregnancy; abdominal  | No                  |     |                   | MMP           |
| 59350  | Hysterorrhaphy of ruptured uterus  | No                  |     |                   | MMP           |
| 59400  | Routine obstetric care including antepartum care, vaginal delivery (with   | No                  |     |                   | MMP           |
| 59409  | Vaginal delivery only (with or without episiotomy and/or forceps);   | No                  |     |                   | MMP           |
| 59410  | Vaginal delivery only (with or without episiotomy and/or forceps);   | No                  |     |                   | MMP           |
| 59412  | External cephalic version, with or without tocolysis   | No                  |     |                   | MMP           |
| 59414  | Delivery of placenta (separate procedure)  | No                  |     |                   | MMP           |
| 59425  | Antepartum care only; 4-6 visits   | No                  |     |                   | MMP           |
| 59426  | Antepartum care only; 7 or more visits   | No                  |     |                   | MMP           |
| 59430  | Postpartum care only (separate procedure)  | No                  |     |                   | MMP           |
| 59510  | Routine obstetric care including antepartum care, cesarean delivery, and   | No                  |     |                   | MMP           |
| 59514  | Cesarean delivery only;  | No                  |     |                   | MMP           |
| 59515  | Cesarean delivery only; including postpartum care  | No                  |     |                   | MMP           |
| 59525  | Subtotal or total hysterectomy after cesarean delivery (List separately  | No                  |     |                   | MMP           |
| 59610  | Routine obstetric care including antepartum care, vaginal delivery (with   | No                  |     |                   | MMP           |
| 59612  | Vaginal delivery only, after previous cesarean delivery (with or without   | No                  |     |                   | MMP           |
| 59614  | Vaginal delivery only, after previous cesarean delivery (with or without   | No                  |     |                   | MMP           |
| 59618  | Routine obstetric care including antepartum care, cesarean delivery, and   | No                  |     |                   | MMP           |
| 59620  | Cesarean delivery only, following attempted vaginal delivery after   | No                  |     |                   | MMP           |
| 59622  | Cesarean delivery only, following attempted vaginal delivery after   | No                  |     |                   | MMP           |
| 59812  | Treatment of incomplete abortion, any trimester, completed surgically  | No                  |     |                   | MMP           |
| 59820  | Treatment of missed abortion, completed surgically; first trimester  | No                  |     |                   | MMP           |
| 59821  | Treatment of missed abortion, completed surgically; second trimester   | No                  |     |                   | MMP           |
| 59830  | Treatment of septic abortion, completed surgically   | No                  |     |                   | MMP           |
| 59840  | INDUCED ABORTION, BY DILATION AND CURETTAGE  | Yes                 | *   |                   | MMP           |
| 59841  | INDUCED ABORTION, BY DILATION AND EVACUATION   | Yes                 | *   |                   | MMP           |
| 59850  | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DE | Yes                 | *   |                   | MMP           |
| 59851  | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DE | Yes                 | *   |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key    | Rider Requirement | Product Lines |
| 59852  | INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAIILED INTRA-AMNIOTIC INJECTION) | Yes                 | *<br>- |                   | MMP           |
| 59855  | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCL  | Yes                 | *<br>- |                   | MMP           |
| 59856  | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCL  | Yes                 | *<br>- |                   | MMP           |
| 59857  | INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCL  | Yes                 | *<br>- |                   | MMP           |
| 59866  | MULTIFETAL PREGNANCY REDUCTION(S) (MPR)   | Yes                 |        |                   | MMP           |
| 59870  | Uterine evacuation and curettage for hydatidiform mole  | No                  |        |                   | MMP           |
| 59871  | Removal of cerclage suture under anesthesia (other than local)  | No                  |        |                   | MMP           |
| 59897  | UNLISTED FETAL INVASIVE PROCEDURE, INLCUDING ULTRASOUND GUIDANCE  | Yes                 |        |                   | MMP           |
| 59898  | UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY   | Yes                 |        |                   | MMP           |
| 59899  | UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY   | Yes                 |        |                   | MMP           |
| 60000  | Incision and drainage of thyroglossal duct cyst, infected   | No                  |        |                   | MMP           |
| 60100  | Biopsy thyroid, percutaneous core needle  | No                  |        |                   | MMP           |
| 60200  | Excision of cyst or adenoma of thyroid, or transection of isthmus   | No                  |        |                   | MMP           |
| 60210  | Partial thyroid lobectomy, unilateral; with or without isthmusectomy  | No                  |        |                   | MMP           |
| 60212  | Partial thyroid lobectomy, unilateral; with contralateral subtotal  | No                  |        |                   | MMP           |
| 60220  | Total thyroid lobectomy, unilateral; with or without isthmusectomy  | No                  |        |                   | MMP           |
| 60225  | Total thyroid lobectomy, unilateral; with contralateral subtotal  | No                  |        |                   | MMP           |
| 60240  | Thyroidectomy, total or complete  | No                  |        |                   | MMP           |
| 60252  | Thyroidectomy, total or subtotal for malignancy; with limited neck  | No                  |        |                   | MMP           |
| 60254  | Thyroidectomy, total or subtotal for malignancy; with radical neck  | No                  |        |                   | MMP           |
| 60260  | Thyroidectomy, removal of all remaining thyroid tissue following  | No                  |        |                   | MMP           |
| 60270  | Thyroidectomy, including substernal thyroid; sternal split or   | No                  |        |                   | MMP           |
| 60271  | Thyroidectomy, including substernal thyroid; cervical approach  | No                  |        |                   | MMP           |
| 60280  | Excision of thyroglossal duct cyst or sinus;  | No                  |        |                   | MMP           |
| 60281  | Excision of thyroglossal duct cyst or sinus; recurrent  | No                  |        |                   | MMP           |
| 60300  | APIRATION AND/OR INJECTION, THYROID CYST  | No                  |        |                   | MMP           |
| 60500  | Parathyroidectomy or exploration of parathyroid(s);   | No                  |        |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 60502  | Parathyroidectomy or exploration of parathyroid(s); re-exploration       | No                  |     |                   | MMP           |
| 60505  | Parathyroidectomy or exploration of parathyroid(s); with mediastinal     | No                  |     |                   | MMP           |
| 60512  | Parathyroid autotransplantation (List separately in addition to code for | No                  |     |                   | MMP           |
| 60520  | Thymectomy, partial or total; transcervical approach (separate           | No                  |     |                   | MMP           |
| 60521  | Thymectomy, partial or total; sternal split or transthoracic approach,   | No                  |     |                   | MMP           |
| 60522  | Thymectomy, partial or total; sternal split or transthoracic approach,   | No                  |     |                   | MMP           |
| 60540  | Adrenalectomy, partial or complete, or exploration of adrenal gland with | No                  |     |                   | MMP           |
| 60545  | Adrenalectomy, partial or complete, or exploration of adrenal gland with | No                  |     |                   | MMP           |
| 60600  | Excision of carotid body tumor; without excision of carotid artery       | No                  |     |                   | MMP           |
| 60605  | Excision of carotid body tumor; with excision of carotid artery          | No                  |     |                   | MMP           |
| 60650  | Laparoscopy, surgical, with adrenalectomy, partial or complete, or       | No                  |     |                   | MMP           |
| 60659  | UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM                         | Yes                 |     |                   | MMP           |
| 60699  | UNLISTED PROCEDURE, ENDOCRINE SYSTEM                                     | Yes                 |     |                   | MMP           |
| 61000  | Subdural tap through fontanelle, or suture, infant, unilateral or        | No                  |     |                   | MMP           |
| 61001  | Subdural tap through fontanelle, or suture, infant, unilateral or        | No                  |     |                   | MMP           |
| 61020  | Ventricular puncture through previous burr hole, fontanelle, suture, or  | No                  |     |                   | MMP           |
| 61026  | Ventricular puncture through previous burr hole, fontanelle, suture, or  | No                  |     |                   | MMP           |
| 61050  | Cisternal or lateral cervical (C1-C2) puncture; without injection        | No                  |     |                   | MMP           |
| 61055  | Cisternal or lateral cervical (C1-C2) puncture; with injection of        | No                  |     |                   | MMP           |
| 61070  | Puncture of shunt tubing or reservoir for aspiration or injection        | No                  |     |                   | MMP           |
| 61105  | Twist drill hole for subdural or ventricular puncture;                   | No                  |     |                   | MMP           |
| 61107  | Twist drill hole for subdural or ventricular puncture; for implanting    | No                  |     |                   | MMP           |
| 61108  | Twist drill hole for subdural or ventricular puncture; for evacuation    | No                  |     |                   | MMP           |
| 61120  | Burr hole(s) for ventricular puncture (including injection of gas,       | No                  |     |                   | MMP           |
| 61140  | Burr hole(s) or trephine; with biopsy of brain or intracranial lesion    | No                  |     |                   | MMP           |
| 61150  | Burr hole(s) or trephine; with drainage of brain abscess or cyst         | No                  |     |                   | MMP           |
| 61151  | Burr hole(s) or trephine; with subsequent tapping (aspiration) of        | No                  |     |                   | MMP           |
| 61154  | Burr hole(s) with evacuation and/or drainage of hematoma, extradural or  | No                  |     |                   | MMP           |
| 61156  | Burr hole(s); with aspiration of hematoma or cyst, intracerebral         | No                  |     |                   | MMP           |
| 61210  | Burr hole(s); for implanting ventricular catheter, reservoir, EEG        | No                  |     |                   | MMP           |
| 61215  | Insertion of subcutaneous reservoir, pump or continuous infusion system  | No                  |     |                   | MMP           |
| 61250  | Burr hole(s) or trephine, supratentorial, exploratory, not followed by   | No                  |     |                   | MMP           |
| 61253  | Burr hole(s) or trephine, infratentorial, unilateral or bilateral        | No                  |     |                   | MMP           |
| 61304  | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL                   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61305  | CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA) | No                  |     |                   | MMP           |
| 61312  | Craniectomy or craniotomy for evacuation of hematoma, supratentorial;    | No                  |     |                   | MMP           |
| 61313  | Craniectomy or craniotomy for evacuation of hematoma, supratentorial;    | No                  |     |                   | MMP           |
| 61314  | Craniectomy or craniotomy for evacuation of hematoma, infratentorial;    | No                  |     |                   | MMP           |
| 61315  | Craniectomy or craniotomy for evacuation of hematoma, infratentorial;    | No                  |     |                   | MMP           |
| 61316  | Incision and subcutaneous placement of cranial bone graft (List          | No                  |     |                   | MMP           |
| 61320  | Craniectomy or craniotomy, drainage of intracranial abscess;             | No                  |     |                   | MMP           |
| 61321  | Craniectomy or craniotomy, drainage of intracranial abscess;             | No                  |     |                   | MMP           |
| 61322  | Craniectomy or craniotomy, decompressive, with or without duraplasty,    | No                  |     |                   | MMP           |
| 61323  | Craniectomy or craniotomy, decompressive, with or without duraplasty,    | No                  |     |                   | MMP           |
| 61330  | Decompression of orbit only, transcranial approach                       | No                  |     |                   | MMP           |
| 61332  | Exploration of orbit (transcranial approach); with biopsy                | No                  |     |                   | MMP           |
| 61333  | Exploration of orbit (transcranial approach); with removal of lesion     | No                  |     |                   | MMP           |
| 61340  | Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle   | No                  |     |                   | MMP           |
| 61343  | Craniectomy, suboccipital with cervical laminectomy for decompression    | No                  |     |                   | MMP           |
| 61345  | OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA                             | No                  |     |                   | MMP           |
| 61450  | Craniectomy, subtemporal, for section, compression, or decompression     | No                  |     |                   | MMP           |
| 61458  | Craniectomy, suboccipital; for exploration or decompression of cranial   | No                  |     |                   | MMP           |
| 61460  | Craniectomy, suboccipital; for section of one or more cranial nerves     | No                  |     |                   | MMP           |
| 61480  | Craniectomy, suboccipital; for mesencephalic tractotomy or               | No                  |     |                   | MMP           |
| 61500  | Craniectomy; with excision of tumor or other bone lesion of skull        | No                  |     |                   | MMP           |
| 61501  | Craniectomy; for osteomyelitis   | No                  |     |                   | MMP           |
| 61510  | Craniectomy, trephination, bone flap craniotomy; for excision of brain   | No                  |     |                   | MMP           |
| 61512  | Craniectomy, trephination, bone flap craniotomy; for excision of         | No                  |     |                   | MMP           |
| 61514  | Craniectomy, trephination, bone flap craniotomy; for excision of brain   | No                  |     |                   | MMP           |
| 61516  | Craniectomy, trephination, bone flap craniotomy; for excision or         | No                  |     |                   | MMP           |
| 61517  | Implantation of brain intracavitary chemotherapy agent (List separately  | No                  |     |                   | MMP           |
| 61518  | Craniectomy for excision of brain tumor, infratentorial or posterior     | No                  |     |                   | MMP           |
| 61519  | Craniectomy for excision of brain tumor, infratentorial or posterior     | No                  |     |                   | MMP           |
| 61520  | Craniectomy for excision of brain tumor, infratentorial or posterior     | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61521  | Craniectomy for excision of brain tumor, infratentorial or posterior  | No                  |     |                   | MMP           |
| 61522  | Craniectomy, infratentorial or posterior fossa; for excision of brain   | No                  |     |                   | MMP           |
| 61524  | Craniectomy, infratentorial or posterior fossa; for excision or   | No                  |     |                   | MMP           |
| 61526  | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision   | No                  |     |                   | MMP           |
| 61530  | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision   | No                  |     |                   | MMP           |
| 61531  | SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG TERM SEIZURE MONITORING                     | No                  |     |                   | MMP           |
| 61533  | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY, FOR LONG TERM SEIZURE MONITORING                   | No                  |     |                   | MMP           |
| 61534  | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY                     | No                  |     |                   | MMP           |
| 61535  | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL ELECTRODE ARRAY, WITHOUT EXCISION OF CEREBRAL TISSUE (          | No                  |     |                   | MMP           |
| 61536  | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS, WITH ELECTROCORTICOGRAPHY DURING SURGERY (IN          | No                  |     |                   | MMP           |
| 61537  | CRANIOTOMY W ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, W/O ELECTROCORTICOGRAPHY DURING SURGERY                                  | No                  |     |                   | MMP           |
| 61538  | CRANIOTOMY WITH ELEVATION OF BONE FLAP;FOR LOBECTOMY, TEMPORAL LOBE, WITH ELECTROCORTICOGRAPHY DURING SURGERY                               | No                  |     |                   | MMP           |
| 61539  | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITH ELECTROCORTICOGRAPHY DURING SURGERY, | No                  |     |                   | MMP           |
| 61540  | CRANIOTOMY W/ ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, W/O ELECTROCORTICOGRAPHY DRNG SUG          | No                  |     |                   | MMP           |
| 61541  | Craniotomy with elevation of bone flap; for transection of corpus   | No                  |     |                   | MMP           |
| 61543  | CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL) HEMISPHERECTOMY  | No                  |     |                   | MMP           |
| 61544  | Craniotomy with elevation of bone flap; for excision or coagulation of  | No                  |     |                   | MMP           |
| 61545  | Craniotomy with elevation of bone flap; for excision of   | No                  |     |                   | MMP           |
| 61546  | Craniotomy for hypophysectomy or excision of pituitary tumor,   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61548  | Hypophysectomy or excision of pituitary tumor, transnasal or transseptal                                      | No                  |     |                   | MMP           |
| 61550  | Craniectomy for craniosynostosis; single cranial suture   | No                  |     |                   | MMP           |
| 61552  | Craniectomy for craniosynostosis; multiple cranial sutures  | No                  |     |                   | MMP           |
| 61556  | Craniotomy for craniosynostosis; frontal or parietal bone flap  | No                  |     |                   | MMP           |
| 61557  | Craniotomy for craniosynostosis; bifrontal bone flap  | No                  |     |                   | MMP           |
| 61558  | Extensive craniectomy for multiple cranial suture craniosynostosis (eg,                                       | No                  |     |                   | MMP           |
| 61559  | Extensive craniectomy for multiple cranial suture craniosynostosis (eg,                                       | No                  |     |                   | MMP           |
| 61563  | Excision, intra and extracranial, benign tumor of cranial bone (eg,   | No                  |     |                   | MMP           |
| 61564  | Excision, intra and extracranial, benign tumor of cranial bone (eg,   | No                  |     |                   | MMP           |
| 61566  | CRANIOTOMY W ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY                                    | No                  |     |                   | MMP           |
| 61567  | CRANIOTOMY W ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS, W ELECTROCORTICOGRAPHY DURING SURGERY | No                  |     |                   | MMP           |
| 61570  | Craniectomy or craniotomy; with excision of foreign body from brain   | No                  |     |                   | MMP           |
| 61571  | Craniectomy or craniotomy; with treatment of penetrating wound of brain                                       | No                  |     |                   | MMP           |
| 61575  | Transoral approach to skull base, brain stem or upper spinal cord for   | No                  |     |                   | MMP           |
| 61576  | Transoral approach to skull base, brain stem or upper spinal cord for   | No                  |     |                   | MMP           |
| 61580  | Craniofacial approach to anterior cranial fossa; extradural, including  | No                  |     |                   | MMP           |
| 61581  | Craniofacial approach to anterior cranial fossa; extradural, including  | No                  |     |                   | MMP           |
| 61582  | Craniofacial approach to anterior cranial fossa; extradural, including  | No                  |     |                   | MMP           |
| 61583  | Craniofacial approach to anterior cranial fossa; intradural, including  | No                  |     |                   | MMP           |
| 61584  | Orbitocranial approach to anterior cranial fossa, extradural, including                                       | No                  |     |                   | MMP           |
| 61585  | Orbitocranial approach to anterior cranial fossa, extradural, including                                       | No                  |     |                   | MMP           |
| 61586  | Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior                                      | No                  |     |                   | MMP           |
| 61590  | Infratemporal pre-auricular approach to middle cranial fossa  | No                  |     |                   | MMP           |
| 61591  | Infratemporal post-auricular approach to middle cranial fossa (internal                                       | No                  |     |                   | MMP           |
| 61592  | Orbitocranial zygomatic approach to middle cranial fossa (cavernous   | No                  |     |                   | MMP           |
| 61595  | Transtemporal approach to posterior cranial fossa, jugular foramen or   | No                  |     |                   | MMP           |
| 61596  | Transcochlear approach to posterior cranial fossa, jugular foramen or   | No                  |     |                   | MMP           |
| 61597  | Transcondylar (far lateral) approach to posterior cranial fossa, jugular                                      | No                  |     |                   | MMP           |
| 61598  | Transpetrosal approach to posterior cranial fossa, clivus or foramen  | No                  |     |                   | MMP           |
| 61600  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |
| 61601  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61605  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |
| 61606  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |
| 61607  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |
| 61608  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |
| 61610  | Transection or ligation, carotid artery in cavernous sinus; with repair   | No                  |     |                   | MMP           |
| 61611  | Transection or ligation, carotid artery in petrous canal; without repair  | No                  |     |                   | MMP           |
| 61612  | Transection or ligation, carotid artery in petrous canal; with repair by  | No                  |     |                   | MMP           |
| 61613  | Obliteration of carotid aneurysm, arteriovenous malformation, or  | No                  |     |                   | MMP           |
| 61615  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |
| 61616  | Resection or excision of neoplastic, vascular or infectious lesion of   | No                  |     |                   | MMP           |
| 61618  | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle   | No                  |     |                   | MMP           |
| 61619  | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle   | No                  |     |                   | MMP           |
| 61623  | ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK(EXTRACRANIAL/INTRACRANIAL) INCLUDING SELECTIVE CATHETERIZATION OF   | No                  |     |                   | MMP           |
| 61624  | Transcatheter permanent occlusion or embolization (eg, for tumor  | No                  |     |                   | MMP           |
| 61626  | Transcatheter permanent occlusion or embolization (eg, for tumor  | No                  |     |                   | MMP           |
| 61630  | BALLOON ANGIOPLASTY, INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), PERCUTANEOUS  | No                  |     |                   | MMP           |
| 61635  | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), INLCUDING BALLOON ANGIOPLASTY, IF   | No                  |     |                   | MMP           |
| 61640  | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSEL  | No                  |     |                   | MMP           |
| 61641  | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR FAMILY (LIST SEPARATELY IN ADD  | No                  |     |                   | MMP           |
| 61642  | BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR FAMILY (LIST SEPARATELY I  | No                  |     |                   | MMP           |
| 61645  | Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s) | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61650  | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory   | No                  |     |                   | MMP           |
| 61651  | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 61680  | Surgery of intracranial arteriovenous malformation; supratentorial,  | No                  |     |                   | MMP           |
| 61682  | Surgery of intracranial arteriovenous malformation; supratentorial,  | No                  |     |                   | MMP           |
| 61684  | Surgery of intracranial arteriovenous malformation; infratentorial,  | No                  |     |                   | MMP           |
| 61686  | Surgery of intracranial arteriovenous malformation; infratentorial,  | No                  |     |                   | MMP           |
| 61690  | Surgery of intracranial arteriovenous malformation; dural, simple  | No                  |     |                   | MMP           |
| 61692  | Surgery of intracranial arteriovenous malformation; dural, complex   | No                  |     |                   | MMP           |
| 61697  | Surgery of complex intracranial aneurysm, intracranial approach; carotid   | No                  |     |                   | MMP           |
| 61698  | Surgery of complex intracranial aneurysm, intracranial approach;   | No                  |     |                   | MMP           |
| 61700  | Surgery of simple intracranial aneurysm, intracranial approach; carotid  | No                  |     |                   | MMP           |
| 61702  | Surgery of simple intracranial aneurysm, intracranial approach;  | No                  |     |                   | MMP           |
| 61703  | Surgery of intracranial aneurysm, cervical approach by application of  | No                  |     |                   | MMP           |
| 61705  | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula;   | No                  |     |                   | MMP           |
| 61708  | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula;   | No                  |     |                   | MMP           |
| 61710  | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula;   | No                  |     |                   | MMP           |
| 61711  | Anastomosis, arterial, extracranial-intracranial (eg, middle   | No                  |     |                   | MMP           |
| 61720  | Creation of lesion by stereotactic method, including burr hole(s) and  | No                  |     |                   | MMP           |
| 61735  | Creation of lesion by stereotactic method, including burr hole(s) and  | No                  |     |                   | MMP           |
| 61750  | Stereotactic biopsy, aspiration, or excision, including burr hole(s),  | No                  |     |                   | MMP           |
| 61751  | Stereotactic biopsy, aspiration, or excision, including burr hole(s),  | No                  |     |                   | MMP           |
| 61760  | Stereotactic implantation of depth electrodes into the cerebrum for long   | No                  |     |                   | MMP           |
| 61770  | STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S), WITH INSERTION OF CATHETER(S) FOR BRACHYTHERAPY   | No                  |     |                   | MMP           |
| 61781  | Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 61782  | Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61783  | Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 61790  | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQUENCY); G   | No                  |     |                   | MMP           |
| 61791  | Creation of lesion by stereotactic method, percutaneous, by neurolytic   | No                  |     |                   | MMP           |
| 61796  | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion   | No                  |     |                   | MMP           |
| 61797  | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 61798  | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion  | No                  |     |                   | MMP           |
| 61799  | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 61800  | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 61850  | Twist drill or burr hole(s) for implantation of neurostimulator  | No                  |     |                   | MMP           |
| 61860  | CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL   | No                  |     |                   | MMP           |
| 61863  | TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY W STEREOTACTIC IMPLNTN OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE   | No                  |     |                   | MMP           |
| 61864  | TWIST DRILL, BURR HOLE CRANIOTOMY, OR CRANIECTOMY W STEROTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SIT   | No                  |     |                   | MMP           |
| 61867  | TWIST DRILL BURR HOLE, CRANIOTOMY, OR CRANIECTOMY W STEREOTACTIC IMPLNTN OF NEUROSTMLTR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG TH   | No                  |     |                   | MMP           |
| 61868  | TWIST DRILL BURR HOLE, CRANIOTOMY, OR CRANIECTOMY W STEREOTACTIC IMPLNTN OF NEUROSTMLTR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG TH   | No                  |     |                   | MMP           |
| 61870  | Craniectomy for implantation of neurostimulator electrodes, cerebellar;  | Yes                 |     |                   | MMP           |
| 61880  | REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 61885  | INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING W/1 ARRAY             | Yes                 |     |                   | MMP           |
| 61886  | INSRT/REPLACE OF CRANIAL NEUROSTIMULATOR PULSE GENERAT/REC, DIRECT OR INDUCTIVE COUPLING W/CONN TO TWO OR MORE EXECTRODE ARRAYS                | Yes                 |     |                   | MMP           |
| 61888  | REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER   | No                  |     |                   | MMP           |
| 62000  | Elevation of depressed skull fracture; simple, extradural  | No                  |     |                   | MMP           |
| 62005  | Elevation of depressed skull fracture; compound or comminuted,   | No                  |     |                   | MMP           |
| 62010  | Elevation of depressed skull fracture; with repair of dura and/or  | No                  |     |                   | MMP           |
| 62100  | Craniotomy for repair of dural/cerebrospinal fluid leak, including   | No                  |     |                   | MMP           |
| 62115  | Reduction of craniomegalic skull (eg, treated hydrocephalus); not  | No                  |     |                   | MMP           |
| 62117  | Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring  | No                  |     |                   | MMP           |
| 62120  | Repair of encephalocele, skull vault, including cranioplasty   | No                  |     |                   | MMP           |
| 62121  | Craniotomy for repair of encephalocele, skull base   | No                  |     |                   | MMP           |
| 62140  | Cranioplasty for skull defect; up to 5 cm diameter   | No                  |     |                   | MMP           |
| 62141  | Cranioplasty for skull defect; larger than 5 cm diameter   | No                  |     |                   | MMP           |
| 62142  | Removal of bone flap or prosthetic plate of skull  | No                  |     |                   | MMP           |
| 62143  | Replacement of bone flap or prosthetic plate of skull  | No                  |     |                   | MMP           |
| 62145  | Cranioplasty for skull defect with reparative brain surgery  | No                  |     |                   | MMP           |
| 62146  | Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm   | No                  |     |                   | MMP           |
| 62147  | Cranioplasty with autograft (includes obtaining bone grafts); larger   | No                  |     |                   | MMP           |
| 62148  | Incision and retrieval of subcutaneous cranial bone graft for  | No                  |     |                   | MMP           |
| 62160  | NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER & ATTACHMENT TO SHUNT SYS OR EXTERNAL DRAINAGE              | No                  |     |                   | MMP           |
| 62161  | NEUROENDOSCOPY, INTRACRANIAL; W/ DISSECTION OF ADHESIONS, FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRICULAR CYSTS(INCLUDING PL             | No                  |     |                   | MMP           |
| 62162  | NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE | No                  |     |                   | MMP           |
| 62163  | NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 62164  | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE | No                  |     |                   | MMP           |
| 62165  | NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSPHENOIDAL APPROACH                        | No                  |     |                   | MMP           |
| 62180  | Ventriculocisternostomy (Torkildsen type operation)   | No                  |     |                   | MMP           |
| 62190  | Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular   | No                  |     |                   | MMP           |
| 62192  | Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other  | No                  |     |                   | MMP           |
| 62194  | Replacement or irrigation, subarachnoid/subdural catheter   | No                  |     |                   | MMP           |
| 62200  | Ventriculocisternostomy, third ventricle;   | No                  |     |                   | MMP           |
| 62201  | Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic   | No                  |     |                   | MMP           |
| 62220  | Creation of shunt; ventriculo-atrial, -jugular, -auricular  | No                  |     |                   | MMP           |
| 62223  | Creation of shunt; ventriculo-peritoneal, -pleural, other terminus  | No                  |     |                   | MMP           |
| 62225  | Replacement or irrigation, ventricular catheter   | No                  |     |                   | MMP           |
| 62230  | Replacement or revision of cerebrospinal fluid shunt, obstructed valve,   | No                  |     |                   | MMP           |
| 62252  | Reprogramming of programmable cerebrospinal shunt   | No                  |     |                   | MMP           |
| 62256  | Removal of complete cerebrospinal fluid shunt system; without   | No                  |     |                   | MMP           |
| 62258  | Removal of complete cerebrospinal fluid shunt system; with replacement  | No                  |     |                   | MMP           |
| 62263  | Percutaneous lysis of epidural adhesions using solution injection (eg,  | No                  |     |                   | MMP           |
| 62264  | Percutaneous lysis of epidural adhesions using solution injection (eg,  | No                  |     |                   | MMP           |
| 62267  | Percutaneous aspiration within nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes         | No                  |     |                   | MMP           |
| 62268  | Percutaneous aspiration, spinal cord cyst or syrinx   | No                  |     |                   | MMP           |
| 62269  | Biopsy of spinal cord, percutaneous needle  | No                  |     |                   | MMP           |
| 62270  | Spinal puncture, lumbar, diagnostic   | No                  |     |                   | MMP           |
| 62272  | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by   | No                  |     |                   | MMP           |
| 62273  | Injection, epidural, of blood or clot patch   | No                  |     |                   | MMP           |
| 62280  | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced   | No                  |     |                   | MMP           |
| 62281  | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced   | No                  |     |                   | MMP           |
| 62282  | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced   | No                  |     |                   | MMP           |
| 62284  | INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)                 | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 62287  | ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LE   | No                  |     |                   | MMP           |
| 62290  | Injection procedure for diskography, each level; lumbar  | No                  |     |                   | MMP           |
| 62291  | Injection procedure for diskography, each level; cervical or thoracic  | No                  |     |                   | MMP           |
| 62292  | Injection procedure for chemonucleolysis, including diskography,   | No                  |     |                   | MMP           |
| 62294  | Injection procedure, arterial, for occlusion of arteriovenous  | No                  |     |                   | MMP           |
| 62302  | Myelography via lumbar injection, including radiological supervision and interpretation; cervical  | No                  |     |                   | MMP           |
| 62303  | Myelography via lumbar injection, including radiological supervision and interpretation; thoracic  | No                  |     |                   | MMP           |
| 62304  | Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral   | No                  |     |                   | MMP           |
| 62305  | Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)   | No                  |     |                   | MMP           |
| 62320  | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance   | No                  |     |                   | MMP           |
| 62321  | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)                        | No                  |     |                   | MMP           |
| 62322  | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance  | No                  |     |                   | MMP           |
| 62323  | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)                   | No                  |     |                   | MMP           |
| 62324  | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 62325  | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)      | No                  |     |                   | MMP           |
| 62326  | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance                      | No                  |     |                   | MMP           |
| 62327  | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | No                  |     |                   | MMP           |
| 62350  | IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL  | Yes                 |     |                   | MMP           |
| 62351  | Implantation, revision or repositioning of tunneled intrathecal or epidural  | Yes                 |     |                   | MMP           |
| 62355  | Removal of previously implanted intrathecal or epidural catheter   | No                  |     |                   | MMP           |
| 62360  | Implantation or replacement of device for intrathecal or epidural drug   | Yes                 |     |                   | MMP           |
| 62361  | Implantation or replacement of device for intrathecal or epidural drug   | Yes                 |     |                   | MMP           |
| 62362  | Implantation or replacement of device for intrathecal or epidural drug   | Yes                 |     |                   | MMP           |
| 62365  | Removal of subcutaneous reservoir or pump, previously implanted for  | No                  |     |                   | MMP           |
| 62367  | Electronic analysis of programmable, implanted pump for intrathecal or   | No                  |     |                   | MMP           |
| 62368  | Electronic analysis of programmable, implanted pump for intrathecal or   | No                  |     |                   | MMP           |
| 62369  | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill   | No                  |     |                   | MMP           |
| 62370  | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring physician's skill)   | No                  |     |                   | MMP           |
| 62380  | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar   | No                  |     |                   | MMP           |
| 63001  | Laminectomy with exploration and/or decompression of spinal cord   | No                  |     |                   | MMP           |
| 63003  | Laminectomy with exploration and/or decompression of spinal cord   | No                  |     |                   | MMP           |
| 63005  | Laminectomy with exploration and/or decompression of spinal cord   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63011  | Laminectomy with exploration and/or decompression of spinal cord   | No                  |     |                   | MMP           |
| 63012  | Laminectomy with removal of abnormal facets and/or pars  | No                  |     |                   | MMP           |
| 63015  | Laminectomy with exploration and/or decompression of spinal cord   | No                  |     |                   | MMP           |
| 63016  | Laminectomy with exploration and/or decompression of spinal cord   | No                  |     |                   | MMP           |
| 63017  | Laminectomy with exploration and/or decompression of spinal cord   | No                  |     |                   | MMP           |
| 63020  | Laminotomy (hemilaminectomy), with decompression of nerve root(s),   | No                  |     |                   | MMP           |
| 63030  | Laminotomy (hemilaminectomy), with decompression of nerve root(s),   | No                  |     |                   | MMP           |
| 63035  | Laminotomy (hemilaminectomy), with decompression of nerve root(s),   | No                  |     |                   | MMP           |
| 63040  | Laminotomy (hemilaminectomy), with decompression of nerve root(s),   | No                  |     |                   | MMP           |
| 63042  | Laminotomy (hemilaminectomy), with decompression of nerve root(s),   | No                  |     |                   | MMP           |
| 63043  | Laminotomy (hemilaminectomy), with decompression of nerve root(s),   | No                  |     |                   | MMP           |
| 63044  | Laminotomy (hemilaminectomy), with decompression of nerve root(s),   | No                  |     |                   | MMP           |
| 63045  | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with  | No                  |     |                   | MMP           |
| 63046  | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with  | No                  |     |                   | MMP           |
| 63047  | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with  | No                  |     |                   | MMP           |
| 63048  | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with  | No                  |     |                   | MMP           |
| 63050  | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS                                      | No                  |     |                   | MMP           |
| 63051  | LAMINOPLASTY, CERVICAL, W/DECOMPRESSION OF SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS; W/ RECONSTRUCTION OF POSTERIOR BONY ELEMENTS | No                  |     |                   | MMP           |
| 63055  | Transpedicular approach with decompression of spinal cord, equina  | No                  |     |                   | MMP           |
| 63056  | Transpedicular approach with decompression of spinal cord, equina  | No                  |     |                   | MMP           |
| 63057  | Transpedicular approach with decompression of spinal cord, equina  | No                  |     |                   | MMP           |
| 63064  | Costovertebral approach with decompression of spinal cord or nerve   | No                  |     |                   | MMP           |
| 63066  | Costovertebral approach with decompression of spinal cord or nerve   | No                  |     |                   | MMP           |
| 63075  | Discectomy, anterior, with decompression of spinal cord and/or nerve   | No                  |     |                   | MMP           |
| 63076  | Discectomy, anterior, with decompression of spinal cord and/or nerve   | No                  |     |                   | MMP           |
| 63077  | Discectomy, anterior, with decompression of spinal cord and/or nerve   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63078  | Discectomy, anterior, with decompression of spinal cord and/or nerve   | No                  |     |                   | MMP           |
| 63081  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63082  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63085  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63086  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63087  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63088  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63090  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63091  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63101  | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL/COMPLETE, LATERAL EXTRACAVITARY APPRCH W DECMPSN OR SPINAL CORD AND/OR NE  | No                  |     |                   | MMP           |
| 63102  | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL/COMPLETE LATERAL EXTRACAVITARY APPRCH W DECMPRESN OF SPINAL CORD AND/OR NE | No                  |     |                   | MMP           |
| 63103  | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL/COMPLETE, LATERAL EXTRACAVITARY APPROACH W/DECOMPRESSION OF SPINAL CORD A | No                  |     |                   | MMP           |
| 63170  | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical,   | No                  |     |                   | MMP           |
| 63172  | Laminectomy with drainage of intramedullary cyst/syrinx; to  | No                  |     |                   | MMP           |
| 63173  | Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal   | No                  |     |                   | MMP           |
| 63180  | Laminectomy and section of dentate ligaments, with or without dural  | No                  |     |                   | MMP           |
| 63182  | Laminectomy and section of dentate ligaments, with or without dural  | No                  |     |                   | MMP           |
| 63185  | Laminectomy with rhizotomy; one or two segments  | No                  |     |                   | MMP           |
| 63190  | Laminectomy with rhizotomy; more than two segments   | No                  |     |                   | MMP           |
| 63191  | Laminectomy with section of spinal accessory nerve   | No                  |     |                   | MMP           |
| 63194  | Laminectomy with cordotomy, with section of one spinothalamic tract,   | No                  |     |                   | MMP           |
| 63195  | Laminectomy with cordotomy, with section of one spinothalamic tract,   | No                  |     |                   | MMP           |
| 63196  | Laminectomy with cordotomy, with section of both spinothalamic tracts,   | No                  |     |                   | MMP           |
| 63197  | Laminectomy with cordotomy, with section of both spinothalamic tracts,   | No                  |     |                   | MMP           |
| 63198  | Laminectomy with cordotomy with section of both spinothalamic tracts,  | No                  |     |                   | MMP           |
| 63199  | Laminectomy with cordotomy with section of both spinothalamic tracts,  | No                  |     |                   | MMP           |
| 63200  | Laminectomy, with release of tethered spinal cord, lumbar  | No                  |     |                   | MMP           |
| 63250  | Laminectomy for excision or occlusion of arteriovenous malformation of   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63251  | Laminectomy for excision or occlusion of arteriovenous malformation of  | No                  |     |                   | MMP           |
| 63252  | Laminectomy for excision or occlusion of arteriovenous malformation of  | No                  |     |                   | MMP           |
| 63265  | Laminectomy for excision or evacuation of intraspinal lesion other than | No                  |     |                   | MMP           |
| 63266  | Laminectomy for excision or evacuation of intraspinal lesion other than | No                  |     |                   | MMP           |
| 63267  | Laminectomy for excision or evacuation of intraspinal lesion other than | No                  |     |                   | MMP           |
| 63268  | Laminectomy for excision or evacuation of intraspinal lesion other than | No                  |     |                   | MMP           |
| 63270  | Laminectomy for excision of intraspinal lesion other than neoplasm,     | No                  |     |                   | MMP           |
| 63271  | Laminectomy for excision of intraspinal lesion other than neoplasm,     | No                  |     |                   | MMP           |
| 63272  | Laminectomy for excision of intraspinal lesion other than neoplasm,     | No                  |     |                   | MMP           |
| 63273  | Laminectomy for excision of intraspinal lesion other than neoplasm,     | No                  |     |                   | MMP           |
| 63275  | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,    | No                  |     |                   | MMP           |
| 63276  | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,    | No                  |     |                   | MMP           |
| 63277  | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,    | No                  |     |                   | MMP           |
| 63278  | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural,    | No                  |     |                   | MMP           |
| 63280  | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,    | No                  |     |                   | MMP           |
| 63281  | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,    | No                  |     |                   | MMP           |
| 63282  | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,    | No                  |     |                   | MMP           |
| 63283  | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,    | No                  |     |                   | MMP           |
| 63285  | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,    | No                  |     |                   | MMP           |
| 63286  | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,    | No                  |     |                   | MMP           |
| 63287  | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural,    | No                  |     |                   | MMP           |
| 63290  | Laminectomy for biopsy/excision of intraspinal neoplasm; combined       | No                  |     |                   | MMP           |
| 63295  | REPAIR OF LAMINECTOMY DEFECT  | No                  |     |                   | MMP           |
| 63300  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |
| 63301  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |
| 63302  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |
| 63303  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |
| 63304  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |
| 63305  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |
| 63306  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |
| 63307  | Vertebral corpectomy (vertebral body resection), partial or complete,   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63308  | Vertebral corpectomy (vertebral body resection), partial or complete,  | No                  |     |                   | MMP           |
| 63600  | Creation of lesion of spinal cord by stereotactic method, percutaneous,  | No                  |     |                   | MMP           |
| 63610  | Stereotactic stimulation of spinal cord, percutaneous, separate  | No                  |     |                   | MMP           |
| 63615  | Stereotactic biopsy, aspiration, or excision of lesion, spinal cord  | No                  |     |                   | MMP           |
| 63620  | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion   | No                  |     |                   | MMP           |
| 63621  | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 63650  | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL   | No                  |     |                   | MMP           |
| 63655  | LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL   | No                  |     |                   | MMP           |
| 63661  | REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED   | No                  |     |                   | MMP           |
| 63662  | REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCL FLUROSCOPY, WHEN PERFORMED                                      | No                  |     |                   | MMP           |
| 63663  | REVISION INCL REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCL FLUOROSCOPY, WHEN PERFO                                     | No                  |     |                   | MMP           |
| 63664  | REVISION, INCLUD REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S), INCL FLUOROSCOPY, WHEN PERFORMD                                     | No                  |     |                   | MMP           |
| 63685  | INSERTION OR REPLCMNT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING  | Yes                 |     |                   | MMP           |
| 63688  | REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER  | No                  |     |                   | MMP           |
| 63700  | Repair of meningocele; less than 5 cm diameter   | No                  |     |                   | MMP           |
| 63702  | Repair of meningocele; larger than 5 cm diameter   | No                  |     |                   | MMP           |
| 63704  | Repair of myelomeningocele; less than 5 cm diameter  | No                  |     |                   | MMP           |
| 63706  | Repair of myelomeningocele; larger than 5 cm diameter  | No                  |     |                   | MMP           |
| 63707  | Repair of dural/cerebrospinal fluid leak, not requiring laminectomy  | No                  |     |                   | MMP           |
| 63709  | Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with  | No                  |     |                   | MMP           |
| 63710  | Dural graft, spinal  | No                  |     |                   | MMP           |
| 63740  | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other;  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 63741  | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other;   | No                  |     |                   | MMP           |
| 63744  | Replacement, irrigation or revision of lumbosubarachnoid shunt  | No                  |     |                   | MMP           |
| 63746  | Removal of entire lumbosubarachnoid shunt system without replacement  | No                  |     |                   | MMP           |
| 64400  | Injection, anesthetic agent; trigeminal nerve, any division or branch   | No                  |     |                   | MMP           |
| 64402  | Injection, anesthetic agent; facial nerve   | No                  |     |                   | MMP           |
| 64405  | Injection, anesthetic agent; greater occipital nerve  | No                  |     |                   | MMP           |
| 64408  | Injection, anesthetic agent; vagus nerve  | No                  |     |                   | MMP           |
| 64410  | Injection, anesthetic agent; phrenic nerve  | No                  |     |                   | MMP           |
| 64413  | Injection, anesthetic agent; cervical plexus  | No                  |     |                   | MMP           |
| 64415  | Injection, anesthetic agent; brachial plexus, single  | No                  |     |                   | MMP           |
| 64416  | Injection, anesthetic agent; brachial plexus, continuous infusion by  | No                  |     |                   | MMP           |
| 64417  | Injection, anesthetic agent; axillary nerve   | No                  |     |                   | MMP           |
| 64418  | Injection, anesthetic agent; suprascapular nerve  | No                  |     |                   | MMP           |
| 64420  | Injection, anesthetic agent; intercostal nerve, single  | No                  |     |                   | MMP           |
| 64421  | Injection, anesthetic agent; intercostal nerves, multiple, regional   | No                  |     |                   | MMP           |
| 64425  | Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves   | No                  |     |                   | MMP           |
| 64430  | Injection, anesthetic agent; pudendal nerve   | No                  |     |                   | MMP           |
| 64435  | Injection, anesthetic agent; paracervical (uterine) nerve   | No                  |     |                   | MMP           |
| 64445  | Injection, anesthetic agent; sciatic nerve, single  | No                  |     |                   | MMP           |
| 64446  | Injection, anesthetic agent; sciatic nerve, continuous infusion by  | No                  |     |                   | MMP           |
| 64447  | Injection, anesthetic agent; femoral nerve, single  | No                  |     |                   | MMP           |
| 64448  | Injection, anesthetic agent; femoral nerve, continuous infusion by  | No                  |     |                   | MMP           |
| 64449  | INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPRCH, CONT INFUSION BY CATHETER (INCLD CATHETER PLCMNT) INCLDDAILY MGMT FO  | No                  |     |                   | MMP           |
| 64450  | Injection, anesthetic agent; other peripheral nerve or branch   | No                  |     |                   | MMP           |
| 64455  | Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)   | No                  |     |                   | MMP           |
| 64461  | Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)  | No                  |     |                   | MMP           |
| 64462  | Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed); second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64463  | Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed); continuous infusion by catheter (includes imaging guidance, when performed)                    | No                  |     |                   | MMP           |
| 64479  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level  | No                  |     |                   | MMP           |
| 64480  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 64483  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level  | No                  |     |                   | MMP           |
| 64484  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)     | No                  |     |                   | MMP           |
| 64486  | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)   | No                  |     |                   | MMP           |
| 64487  | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)   | No                  |     |                   | MMP           |
| 64488  | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)  | No                  |     |                   | MMP           |
| 64489  | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)  | No                  |     |                   | MMP           |
| 64490  | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET WITH IMAGE GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL   | No                  |     |                   | MMP           |
| 64491  | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET WITH IMAGE GUIDANCE, CERVICAL OR THORACIC; SECOND LEVEL (LIST S   | No                  |     |                   | MMP           |
| 64492  | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET W/IMAGE GUIDANCE, CERVICAL OR THORACIC; THIRD & ANY ADDL LEVEL  | No                  |     |                   | MMP           |
| 64493  | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGE GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL   | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64494  | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGE GUIDANCE, LUMBAR OR SACRAL; SECOND LEVEL (LIST           | No                  |     |                   | MMP           |
| 64495  | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT W/IMAGE GUIDANCE, LUMBAR OR SACRAL; 3RD & ANY ADDL LEVELS           | No                  |     |                   | MMP           |
| 64505  | Injection, anesthetic agent; sphenopalatine ganglion   | No                  |     |                   | MMP           |
| 64508  | Injection, anesthetic agent; carotid sinus (separate procedure)  | No                  |     |                   | MMP           |
| 64510  | Injection, anesthetic agent; stellate ganglion (cervical sympathetic)  | No                  |     |                   | MMP           |
| 64517  | INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS   | No                  |     |                   | MMP           |
| 64520  | Injection, anesthetic agent; lumbar or thoracic (paravertebral)  | No                  |     |                   | MMP           |
| 64530  | Injection, anesthetic agent; celiac plexus, with or without radiologic   | No                  |     |                   | MMP           |
| 64550  | Application of surface (transcutaneous) neurostimulator  | No                  |     |                   | MMP           |
| 64553  | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE   | No                  |     |                   | MMP           |
| 64555  | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE  | No                  |     |                   | MMP           |
| 64561  | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES  | No                  |     |                   | MMP           |
| 64566  | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming                                     | No                  |     |                   | MMP           |
| 64568  | Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator                             | No                  |     |                   | MMP           |
| 64569  | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator | No                  |     |                   | MMP           |
| 64570  | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator   | No                  |     |                   | MMP           |
| 64575  | Incision for implantation of neurostimulator electrodes; peripheral  | No                  |     |                   | MMP           |
| 64580  | Incision for implantation of neurostimulator electrodes; neuromuscular   | No                  |     |                   | MMP           |
| 64581  | INCISIONAL IMPLANTATION OF SACRAL NERVE NEUROSTIMULATOR  | No                  |     |                   | MMP           |
| 64585  | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES   | No                  |     |                   | MMP           |
| 64590  | INSERT OR REPLACE PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING                            | Yes                 |     |                   | MMP           |
| 64595  | REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER   | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64600  | Destruction by neurolytic agent, trigeminal nerve; supraorbital,  | No                  |     |                   | MMP           |
| 64605  | Destruction by neurolytic agent, trigeminal nerve; second and third   | No                  |     |                   | MMP           |
| 64610  | Destruction by neurolytic agent, trigeminal nerve; second and third   | No                  |     |                   | MMP           |
| 64611  | Chemodenervation of parotid and submandibular salivary glands, bilateral  | No                  |     |                   | MMP           |
| 64612  | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve   | No                  |     |                   | MMP           |
| 64615  | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)   | No                  |     |                   | MMP           |
| 64616  | Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)   | No                  |     |                   | MMP           |
| 64617  | Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed   | No                  |     |                   | MMP           |
| 64620  | Destruction by neurolytic agent, intercostal nerve  | No                  |     |                   | MMP           |
| 64630  | Destruction by neurolytic agent; pudendal nerve   | No                  |     |                   | MMP           |
| 64632  | Destruction by neurolytic agent; plantar common digital nerve   | No                  |     |                   | MMP           |
| 64633  | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint  | No                  |     |                   | MMP           |
| 64634  | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 64635  | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint  | No                  |     |                   | MMP           |
| 64636  | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)     | No                  |     |                   | MMP           |
| 64640  | Destruction by neurolytic agent; other peripheral nerve or branch   | No                  |     |                   | MMP           |
| 64642  | Chemodenervation of one extremity; 1-4 muscle(s)  | No                  |     |                   | MMP           |
| 64643  | Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 64644  | Chemodenervation of one extremity; 5 or more muscle(s)  | No                  |     |                   | MMP           |
| 64645  | Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64646  | Chemodeneration of trunk muscle(s); 1-5 muscle(s)   | No                  |     |                   | MMP           |
| 64647  | Chemodeneration of trunk muscle(s); 6 or more muscle(s)                                   | No                  |     |                   | MMP           |
| 64650  | CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILAE   | No                  |     |                   | MMP           |
| 64653  | CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY        | No                  |     |                   | MMP           |
| 64680  | Destruction by neurolytic agent, with or without radiologic monitoring;                   | No                  |     |                   | MMP           |
| 64681  | DESTRUCTION BY NEUROLYTIC AGENT, W/W/O RADIOLOGIC MONITORING; SUPERIOR HYPOGASTRIC PLEXUS | No                  |     |                   | MMP           |
| 64702  | Neuroplasty; digital, one or both, same digit   | No                  |     |                   | MMP           |
| 64704  | Neuroplasty; nerve of hand or foot  | No                  |     |                   | MMP           |
| 64708  | Neuroplasty, major peripheral nerve, arm or leg, open; other than specified               | No                  |     |                   | MMP           |
| 64712  | Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve                      | No                  |     |                   | MMP           |
| 64713  | Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus                    | No                  |     |                   | MMP           |
| 64714  | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus                      | No                  |     |                   | MMP           |
| 64716  | Neuroplasty and/or transposition; cranial nerve (specify)                                 | No                  |     |                   | MMP           |
| 64718  | Neuroplasty and/or transposition; ulnar nerve at elbow                                    | No                  |     |                   | MMP           |
| 64719  | Neuroplasty and/or transposition; ulnar nerve at wrist                                    | No                  |     |                   | MMP           |
| 64721  | Neuroplasty and/or transposition; median nerve at carpal tunnel                           | No                  |     |                   | MMP           |
| 64722  | Decompression; unspecified nerve(s) (specify)   | No                  |     |                   | MMP           |
| 64726  | Decompression; plantar digital nerve  | No                  |     |                   | MMP           |
| 64727  | Internal neurolysis, requiring use of operating microscope (List                          | No                  |     |                   | MMP           |
| 64732  | Transection or avulsion of; supraorbital nerve  | No                  |     |                   | MMP           |
| 64734  | Transection or avulsion of; infraorbital nerve  | No                  |     |                   | MMP           |
| 64736  | Transection or avulsion of; mental nerve  | No                  |     |                   | MMP           |
| 64738  | Transection or avulsion of; inferior alveolar nerve by osteotomy                          | No                  |     |                   | MMP           |
| 64740  | Transection or avulsion of; lingual nerve   | No                  |     |                   | MMP           |
| 64742  | Transection or avulsion of; facial nerve, differential or complete                        | No                  |     |                   | MMP           |
| 64744  | Transection or avulsion of; greater occipital nerve                                       | No                  |     |                   | MMP           |
| 64746  | Transection or avulsion of; phrenic nerve   | No                  |     |                   | MMP           |
| 64755  | Transection or avulsion of; vagus nerves limited to proximal stomach                      | No                  |     |                   | MMP           |
| 64760  | Transection or avulsion of; vagus nerve (vagotomy), abdominal                             | No                  |     |                   | MMP           |
| 64763  | Transection or avulsion of obturator nerve, extrapelvic, with or without                  | No                  |     |                   | MMP           |
| 64766  | Transection or avulsion of obturator nerve, intrapelvic, with or without                  | No                  |     |                   | MMP           |
| 64771  | Transection or avulsion of other cranial nerve, extradural                                | No                  |     |                   | MMP           |
| 64772  | Transection or avulsion of other spinal nerve, extradural                                 | No                  |     |                   | MMP           |
| 64774  | Excision of neuroma; cutaneous nerve, surgically identifiable                             | No                  |     |                   | MMP           |



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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64776  | Excision of neuroma; digital nerve, one or both, same digit             | No                  |     |                   | MMP           |
| 64778  | Excision of neuroma; digital nerve, each additional digit (List         | No                  |     |                   | MMP           |
| 64782  | Excision of neuroma; hand or foot, except digital nerve                 | No                  |     |                   | MMP           |
| 64783  | Excision of neuroma; hand or foot, each additional nerve, except same   | No                  |     |                   | MMP           |
| 64784  | Excision of neuroma; major peripheral nerve, except sciatic             | No                  |     |                   | MMP           |
| 64786  | Excision of neuroma; sciatic nerve                                      | No                  |     |                   | MMP           |
| 64787  | Implantation of nerve end into bone or muscle (List separately in       | No                  |     |                   | MMP           |
| 64788  | Excision of neurofibroma or neurolemmoma; cutaneous nerve               | No                  |     |                   | MMP           |
| 64790  | Excision of neurofibroma or neurolemmoma; major peripheral nerve        | No                  |     |                   | MMP           |
| 64792  | Excision of neurofibroma or neurolemmoma; extensive (including          | No                  |     |                   | MMP           |
| 64795  | Biopsy of nerve   | No                  |     |                   | MMP           |
| 64802  | Sympathectomy, cervical   | No                  |     |                   | MMP           |
| 64804  | Sympathectomy, cervicothoracic  | No                  |     |                   | MMP           |
| 64809  | SYMPATHECTOMY, THORACOLUMBAR  | No                  |     |                   | MMP           |
| 64818  | Sympathectomy, lumbar   | No                  |     |                   | MMP           |
| 64820  | Sympathectomy; digital arteries, each digit                             | No                  |     |                   | MMP           |
| 64821  | Sympathectomy; radial artery  | No                  |     |                   | MMP           |
| 64822  | Sympathectomy; ulnar artery   | No                  |     |                   | MMP           |
| 64823  | Sympathectomy; superficial palmar arch                                  | No                  |     |                   | MMP           |
| 64831  | Suture of digital nerve, hand or foot; one nerve                        | No                  |     |                   | MMP           |
| 64832  | Suture of digital nerve, hand or foot; each additional digital nerve    | No                  |     |                   | MMP           |
| 64834  | Suture of one nerve, hand or foot; common sensory nerve                 | No                  |     |                   | MMP           |
| 64835  | Suture of one nerve, hand or foot; median motor thenar                  | No                  |     |                   | MMP           |
| 64836  | Suture of one nerve, hand or foot; ulnar motor                          | No                  |     |                   | MMP           |
| 64837  | Suture of each additional nerve, hand or foot (List separately in       | No                  |     |                   | MMP           |
| 64840  | Suture of posterior tibial nerve  | No                  |     |                   | MMP           |
| 64856  | Suture of major peripheral nerve, arm or leg, except sciatic; including | No                  |     |                   | MMP           |
| 64857  | Suture of major peripheral nerve, arm or leg, except sciatic; without   | No                  |     |                   | MMP           |
| 64858  | Suture of sciatic nerve   | No                  |     |                   | MMP           |
| 64859  | Suture of each additional major peripheral nerve (List separately in    | No                  |     |                   | MMP           |
| 64861  | Suture of; brachial plexus  | No                  |     |                   | MMP           |
| 64862  | Suture of; lumbar plexus  | No                  |     |                   | MMP           |
| 64864  | Suture of facial nerve; extracranial                                    | No                  |     |                   | MMP           |
| 64865  | Suture of facial nerve; infratemporal, with or without grafting         | No                  |     |                   | MMP           |
| 64866  | Anastomosis; facial-spinal accessory                                    | No                  |     |                   | MMP           |
| 64868  | Anastomosis; facial-hypoglossal   | No                  |     |                   | MMP           |
| 64872  | Suture of nerve; requiring secondary or delayed suture (List separately | No                  |     |                   | MMP           |
| 64874  | Suture of nerve; requiring extensive mobilization, or transposition of  | No                  |     |                   | MMP           |
| 64876  | Suture of nerve; requiring shortening of bone of extremity (List        | No                  |     |                   | MMP           |
| 64885  | Nerve graft (includes obtaining graft), head or neck; up to 4 cm in     | No                  |     |                   | MMP           |
| 64886  | Nerve graft (includes obtaining graft), head or neck; more than 4 cm    | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 64890  | Nerve graft (includes obtaining graft), single strand, hand or foot; up  | No                  |     |                   | MMP           |
| 64891  | Nerve graft (includes obtaining graft), single strand, hand or foot;   | No                  |     |                   | MMP           |
| 64892  | Nerve graft (includes obtaining graft), single strand, arm or leg; up to   | No                  |     |                   | MMP           |
| 64893  | Nerve graft (includes obtaining graft), single strand, arm or leg; more  | No                  |     |                   | MMP           |
| 64895  | Nerve graft (includes obtaining graft), multiple strands (cable), hand   | No                  |     |                   | MMP           |
| 64896  | Nerve graft (includes obtaining graft), multiple strands (cable), hand   | No                  |     |                   | MMP           |
| 64897  | Nerve graft (includes obtaining graft), multiple strands (cable), arm or   | No                  |     |                   | MMP           |
| 64898  | Nerve graft (includes obtaining graft), multiple strands (cable), arm or   | No                  |     |                   | MMP           |
| 64901  | Nerve graft, each additional nerve; single strand (List separately in  | No                  |     |                   | MMP           |
| 64902  | Nerve graft, each additional nerve; multiple strands (cable) (List   | No                  |     |                   | MMP           |
| 64905  | Nerve pedicle transfer; first stage  | No                  |     |                   | MMP           |
| 64907  | Nerve pedicle transfer; second stage   | No                  |     |                   | MMP           |
| 64910  | NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT, EACH NERVE   | No                  |     |                   | MMP           |
| 64911  | NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT, EACH NERVE   | No                  |     |                   | MMP           |
| 64912  | Nerve repair; with nerve allograft, each nerve, first strand (cable)   | No                  |     |                   | MMP           |
| 64913  | Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 64999  | UNLISTED PROCEDURE, NERVOUS SYSTEM   | Yes                 |     |                   | MMP           |
| 65091  | Evisceration of ocular contents; without implant   | No                  |     |                   | MMP           |
| 65093  | Evisceration of ocular contents; with implant  | No                  |     |                   | MMP           |
| 65101  | Enucleation of eye; without implant  | No                  |     |                   | MMP           |
| 65103  | Enucleation of eye; with implant, muscles not attached to implant  | No                  |     |                   | MMP           |
| 65105  | Enucleation of eye; with implant, muscles attached to implant  | No                  |     |                   | MMP           |
| 65110  | Exenteration of orbit (does not include skin graft), removal of orbital  | No                  |     |                   | MMP           |
| 65112  | Exenteration of orbit (does not include skin graft), removal of orbital  | No                  |     |                   | MMP           |
| 65114  | Exenteration of orbit (does not include skin graft), removal of orbital  | No                  |     |                   | MMP           |
| 65125  | Modification of ocular implant with placement or replacement of pegs   | No                  |     |                   | MMP           |
| 65130  | Insertion of ocular implant secondary; after evisceration, in scleral  | No                  |     |                   | MMP           |
| 65135  | Insertion of ocular implant secondary; after enucleation, muscles not  | No                  |     |                   | MMP           |
| 65140  | Insertion of ocular implant secondary; after enucleation, muscles  | No                  |     |                   | MMP           |
| 65150  | Reinsertion of ocular implant; with or without conjunctival graft  | No                  |     |                   | MMP           |
| 65155  | Reinsertion of ocular implant; with use of foreign material for  | No                  |     |                   | MMP           |
| 65175  | Removal of ocular implant  | No                  |     |                   | MMP           |
| 65205  | Removal of foreign body, external eye; conjunctival superficial  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 65210  | Removal of foreign body, external eye; conjunctival embedded (includes  | No                  |     |                   | MMP           |
| 65220  | Removal of foreign body, external eye; corneal, without slit lamp   | No                  |     |                   | MMP           |
| 65222  | Removal of foreign body, external eye; corneal, with slit lamp  | No                  |     |                   | MMP           |
| 65235  | Removal of foreign body, intraocular; from anterior chamber of eye or   | No                  |     |                   | MMP           |
| 65260  | Removal of foreign body, intraocular; from posterior segment, magnetic  | No                  |     |                   | MMP           |
| 65265  | Removal of foreign body, intraocular; from posterior segment,   | No                  |     |                   | MMP           |
| 65270  | Repair of laceration; conjunctiva, with or without nonperforating   | No                  |     |                   | MMP           |
| 65272  | Repair of laceration; conjunctiva, by mobilization and rearrangement,   | No                  |     |                   | MMP           |
| 65273  | Repair of laceration; conjunctiva, by mobilization and rearrangement,   | No                  |     |                   | MMP           |
| 65275  | Repair of laceration; cornea, nonperforating, with or without removal   | No                  |     |                   | MMP           |
| 65280  | Repair of laceration; cornea and/or sclera, perforating, not involving  | No                  |     |                   | MMP           |
| 65285  | Repair of laceration; cornea and/or sclera, perforating, with reposition  | No                  |     |                   | MMP           |
| 65286  | Repair of laceration; application of tissue glue, wounds of cornea  | No                  |     |                   | MMP           |
| 65290  | Repair of wound, extraocular muscle, tendon and/or Tenon's capsule  | No                  |     |                   | MMP           |
| 65400  | Excision of lesion, cornea (keratectomy, lamellar, partial), except   | No                  |     |                   | MMP           |
| 65410  | Biopsy of cornea  | No                  |     |                   | MMP           |
| 65420  | Excision or transposition of pterygium; without graft   | No                  |     |                   | MMP           |
| 65426  | Excision or transposition of pterygium; with graft  | No                  |     |                   | MMP           |
| 65430  | Scraping of cornea, diagnostic, for smear and/or culture  | No                  |     |                   | MMP           |
| 65435  | Removal of corneal epithelium; with or without chemocauterization   | No                  |     |                   | MMP           |
| 65436  | Removal of corneal epithelium; with application of chelating agent (eg,   | No                  |     |                   | MMP           |
| 65450  | Destruction of lesion of cornea by cryotherapy, photocoagulation or   | No                  |     |                   | MMP           |
| 65600  | Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)   | No                  |     |                   | MMP           |
| 65710  | Keratoplasty (corneal transplant); anterior lamellar  | No                  | *   |                   | MMP           |
| 65730  | KERATOPLASTY (CORNEAL TRANSPLANT) PENETRATING (EXCEPT IN APHAKIA)   | No                  | *   |                   | MMP           |
| 65750  | KERATOPLASTY (CORNEAL TRANSPLANT) PENETRATING (IN APHAKIA)  | No                  |     |                   | MMP           |
| 65755  | KERATOPLASTY (CORNEAL TRANSPLANT) PENETRATING (IN PSEUDOPHAKIA)   | No                  |     |                   | MMP           |
| 65756  | Keratoplasty (corneal transplant); endothelial  | No                  |     |                   | MMP           |
| 65757  | Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 65760  | KERATOMILEUSIS  | No                  |     |                   | MMP           |
| 65765  | Keratophakia  | Not Covered         |     |                   | MMP           |
| 65767  | EPIKERATOPLASTY   | No                  |     |                   | MMP           |
| 65770  | KERATOPROSTHESIS  | No                  |     |                   | MMP           |
| 65771  | RADIAL KERATOTOMY   | Not Covered         |     |                   | MMP           |

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|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 65772  | CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM                    | No                  |                       |                   | MMP           |
| 65775  | CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM                      | No                  |                       |                   | MMP           |
| 65778  | Placement of amniotic membrane on the ocular surface for wound healing; self-retaining        | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 65779  | Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 65780  | Ocular surface reconstruction; amniotic membrane transplantation, multiple layers             | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 65781  | OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVING DONOR)     | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 65782  | OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)       | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 65785  | Implantation of intrastromal corneal ring segments  | No                  |                       |                   | MMP           |
| 65800  | Paracentesis of anterior chamber of eye (separate procedure); with                            | No                  |                       |                   | MMP           |
| 65810  | Paracentesis of anterior chamber of eye (separate procedure); with                            | No                  |                       |                   | MMP           |
| 65815  | Paracentesis of anterior chamber of eye (separate procedure); with                            | No                  |                       |                   | MMP           |
| 65820  | Goniotomy   | No                  |                       |                   | MMP           |
| 65850  | Incision of eye   | No                  |                       |                   | MMP           |
| 65855  | Trabeculoplasty by laser surgery, one or more sessions (defined                               | No                  |                       |                   | MMP           |
| 65860  | Severing adhesions of anterior segment, laser technique (separate                             | No                  |                       |                   | MMP           |
| 65865  | Severing adhesions of anterior segment of eye, incisional technique                           | No                  |                       |                   | MMP           |
| 65870  | Severing adhesions of anterior segment of eye, incisional technique                           | No                  |                       |                   | MMP           |
| 65875  | Severing adhesions of anterior segment of eye, incisional technique                           | No                  |                       |                   | MMP           |
| 65880  | Severing adhesions of anterior segment of eye, incisional technique                           | No                  |                       |                   | MMP           |
| 65900  | Removal of epithelial downgrowth, anterior chamber of eye                                     | No                  |                       |                   | MMP           |
| 65920  | Removal of implanted material, anterior segment of eye  | No                  |                       |                   | MMP           |
| 65930  | Removal of blood clot, anterior segment of eye  | No                  |                       |                   | MMP           |
| 66020  | Injection, anterior chamber of eye (separate procedure); air or liquid                        | No                  |                       |                   | MMP           |
| 66030  | Injection, anterior chamber of eye (separate procedure); medication                           | No                  |                       |                   | MMP           |
| 66130  | Excision of lesion, sclera  | No                  |                       |                   | MMP           |
| 66150  | Fistulization of sclera for glaucoma; trephination with iridectomy                            | No                  |                       |                   | MMP           |
| 66155  | Fistulization of sclera for glaucoma; thermocauterization with                                | No                  |                       |                   | MMP           |
| 66160  | Fistulization of sclera for glaucoma; sclerectomy with punch or                               | No                  |                       |                   | MMP           |
| 66170  | Fistulization of sclera for glaucoma; trabeculectomy ab externo in                            | No                  |                       |                   | MMP           |
| 66172  | Fistulization of sclera for glaucoma; trabeculectomy ab externo with                          | No                  |                       |                   | MMP           |
| 66174  | Transluminal dilation of aqueous outflow canal; without retention of device or stent          | No                  |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 66175  | Transluminal dilation of aqueous outflow canal; with retention of device or stent                       | No                  |     |                   | MMP           |
| 66179  | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft               | No                  |     |                   | MMP           |
| 66180  | Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket,  | No                  |     |                   | MMP           |
| 66183  | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach | No                  |     |                   | MMP           |
| 66184  | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft                      | No                  |     |                   | MMP           |
| 66185  | Revision of aqueous shunt to extraocular reservoir  | No                  |     |                   | MMP           |
| 66220  | Repair of scleral staphyloma; without graft   | No                  |     |                   | MMP           |
| 66225  | Repair of scleral staphyloma; with graft  | No                  |     |                   | MMP           |
| 66250  | Revision or repair of operative wound of anterior segment, any type,                                    | No                  |     |                   | MMP           |
| 66500  | Iridotomy by stab incision (separate procedure); except transfixion                                     | No                  |     |                   | MMP           |
| 66505  | Iridotomy by stab incision (separate procedure); with transfixion as for                                | No                  |     |                   | MMP           |
| 66600  | Iridectomy, with corneoscleral or corneal section; for removal of lesion                                | No                  |     |                   | MMP           |
| 66605  | Iridectomy, with corneoscleral or corneal section; with cyclectomy                                      | No                  |     |                   | MMP           |
| 66625  | Iridectomy, with corneoscleral or corneal section; peripheral for                                       | No                  |     |                   | MMP           |
| 66630  | Iridectomy, with corneoscleral or corneal section; sector for glaucoma                                  | No                  |     |                   | MMP           |
| 66635  | Iridectomy, with corneoscleral or corneal section; optical (separate                                    | No                  |     |                   | MMP           |
| 66680  | Repair of iris, ciliary body (as for iridodialysis)   | No                  |     |                   | MMP           |
| 66682  | Suture of iris, ciliary body (separate procedure) with retrieval of                                     | No                  |     |                   | MMP           |
| 66700  | CILIARY BODY DESTRUCTION;<br>DIATHERMY  | No                  |     |                   | MMP           |
| 66710  | CILIARY BODY DESTRUCTION;<br>CYCLOPHOTOCOAGULATION  | No                  |     |                   | MMP           |
| 66711  | Ciliary body destruction;<br>cyclophotocoagulation, endoscopic  | No                  |     |                   | MMP           |
| 66720  | CILIARY BODY DESTRUCTION;<br>CRYOTHERAPY  | No                  |     |                   | MMP           |
| 66740  | Ciliary body destruction; cyclodialysis   | No                  |     |                   | MMP           |
| 66761  | Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)                                  | No                  |     |                   | MMP           |
| 66762  | Iridoplasty by photocoagulation (one or more sessions) (eg, for   | No                  |     |                   | MMP           |
| 66770  | Destruction of cyst or lesion iris or ciliary body (nonexcisional                                       | No                  |     |                   | MMP           |
| 66820  | Discission of secondary membranous cataract (opacified posterior lens                                   | No                  |     |                   | MMP           |
| 66821  | Discission of secondary membranous cataract (opacified posterior lens                                   | No                  |     |                   | MMP           |
| 66825  | Repositioning of intraocular lens prosthesis, requiring an incision                                     | No                  |     |                   | MMP           |
| 66830  | Removal of secondary membranous cataract (opacified posterior lens                                      | No                  |     |                   | MMP           |
| 66840  | Removal of lens material; aspiration technique, one or more stages                                      | No                  |     |                   | MMP           |
| 66850  | Removal of lens material;<br>phacofragmentation technique (mechanical or                                | No                  | *   |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 66852  | Removal of lens material; pars plana approach, with or without  | No                  |     |                   | MMP           |
| 66920  | Removal of lens material; intracapsular   | No                  |     |                   | MMP           |
| 66930  | Removal of lens material; intracapsular, for dislocated lens  | No                  |     |                   | MMP           |
| 66940  | Removal of lens material; extracapsular (other than 66840, 66850, 66852)  | No                  |     |                   | MMP           |
| 66982  | Extracapsular cataract removal with insertion of intraocular lens   | No                  |     |                   | MMP           |
| 66983  | Intracapsular cataract extraction with insertion of intraocular lens  | No                  |     |                   | MMP           |
| 66984  | Extracapsular cataract removal with insertion of intraocular lens   | No                  |     |                   | MMP           |
| 66985  | Insertion of intraocular lens prosthesis (secondary implant), not   | No                  |     |                   | MMP           |
| 66986  | Exchange of intraocular lens  | No                  |     |                   | MMP           |
| 66990  | Use of ophthalmic endoscope (List separately in addition to code for  | No                  |     |                   | MMP           |
| 66999  | UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE   | Yes                 |     |                   | MMP           |
| 67005  | Removal of vitreous, anterior approach (open sky technique or limbal  | No                  |     |                   | MMP           |
| 67010  | Removal of vitreous, anterior approach (open sky technique or limbal  | No                  |     |                   | MMP           |
| 67015  | Aspiration or release of vitreous, subretinal or choroidal fluid, pars  | No                  |     |                   | MMP           |
| 67025  | Injection of vitreous substitute, pars plana or limbal approach,  | No                  |     |                   | MMP           |
| 67027  | Implantation of intravitreal drug delivery system (eg, ganciclovir  | No                  |     |                   | MMP           |
| 67028  | Intravitreal injection of a pharmacologic agent (separate procedure)  | No                  |     |                   | MMP           |
| 67030  | Dissection of vitreous strands (without removal), pars plana approach   | No                  |     |                   | MMP           |
| 67031  | Severing of vitreous strands, vitreous face adhesions, sheets, membranes  | No                  |     |                   | MMP           |
| 67036  | Vitrectomy, mechanical, pars plana approach;  | No                  |     |                   | MMP           |
| 67039  | Vitrectomy, mechanical, pars plana approach; with focal endolaser   | No                  |     |                   | MMP           |
| 67040  | Vitrectomy, mechanical, pars plana approach; with endolaser panretinal  | No                  |     |                   | MMP           |
| 67041  | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER)  | No                  |     |                   | MMP           |
| 67042  | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA (EG, FOR REPAIR OF MACULAR TUBE HOLE, DIABETIC MACULAR EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL) | No                  |     |                   | MMP           |
| 67043  | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE OF RETINA (EG, CHOROIDAL NEOVASCULARIZATION), INCLUDES, IF PERFORMED, INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE OIL) AND LASER PHOTOCOAGULATION        | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 67101  | Repair of retinal detachment, one or more sessions; cryotherapy or   | No                  |     |                   | MMP           |
| 67105  | Repair of retinal detachment, one or more sessions; photocoagulation,  | No                  |     |                   | MMP           |
| 67107  | Repair of retinal detachment; scleral buckling (such as lamellar scleral   | No                  |     |                   | MMP           |
| 67108  | Repair of retinal detachment; with vitrectomy, any method, with or   | No                  |     |                   | MMP           |
| 67110  | Repair of retinal detachment; by injection of air or other gas (eg,  | No                  |     |                   | MMP           |
| 67113  | REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR GREATER, DIABETIC TRACTION RETINAL DETACHMENT, RETINOPATHY OF PREMATURITY, RETINAL TEAR OF GREATER THAN 90 DEGREES), WITH VITRECTOMY AND MEMBRANE PEELING, MAY INCLUDE AIR, GAS, OR SILICONE OIL TAMPONADE, CRYOTHERAPY, ENDOLASER PHOTOCOAGULATION, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AN/OR REMOVAL OF LENS | No                  |     |                   | MMP           |
| 67115  | Release of encircling material (posterior segment)   | No                  |     |                   | MMP           |
| 67120  | Removal of implanted material, posterior segment; extraocular  | No                  |     |                   | MMP           |
| 67121  | Removal of implanted material, posterior segment; intraocular  | No                  |     |                   | MMP           |
| 67141  | Prophylaxis of retinal detachment (eg, retinal break, lattice  | No                  |     |                   | MMP           |
| 67145  | Prophylaxis of retinal detachment (eg, retinal break, lattice  | No                  |     |                   | MMP           |
| 67208  | Destruction of localized lesion of retina (eg, macular edema, tumors),   | No                  |     |                   | MMP           |
| 67210  | Destruction of localized lesion of retina (eg, macular edema, tumors),   | No                  |     |                   | MMP           |
| 67218  | Destruction of localized lesion of retina (eg, macular edema, tumors),   | No                  |     |                   | MMP           |
| 67220  | Destruction of localized lesion of choroid (eg, choroidal  | No                  |     |                   | MMP           |
| 67221  | PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)   | No                  |     |                   | MMP           |
| 67225  | OCULAR PHOTODYNAMIC THERAPY  | No                  |     |                   | MMP           |
| 67227  | Destruction of extensive or progressive retinopathy (eg, diabetic  | No                  |     |                   | MMP           |
| 67228  | Destruction of extensive or progressive retinopathy (eg, diabetic  | No                  |     |                   | MMP           |
| 67229  | TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT BIRTH), PERFORMED FROM BIRTH UP TO 1 YEAR OF AGE (EG, RETINOPATHY OF PREMATURITY), PHOTOCOAGULATION OR CRYOTHERAPY  | No                  |     |                   | MMP           |
| 67250  | Scleral reinforcement (separate procedure); without graft  | No                  |     |                   | MMP           |
| 67255  | Scleral reinforcement (separate procedure); with graft   | No                  |     |                   | MMP           |
| 67299  | UNLISTED PROCEDURE, POSTERIOR SEGMENT  | Yes                 |     |                   | MMP           |
| 67311  | Strabismus surgery, recession or resection procedure; one horizontal   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 67312  | Strabismus surgery, recession or resection procedure; two horizontal    | No                  |     |                   | MMP           |
| 67314  | Strabismus surgery, recession or resection procedure; one vertical      | No                  |     |                   | MMP           |
| 67316  | Strabismus surgery, recession or resection procedure; two or more       | No                  |     |                   | MMP           |
| 67318  | Strabismus surgery, any procedure, superior oblique muscle              | No                  |     |                   | MMP           |
| 67320  | Transposition procedure (eg, for paretic extraocular muscle), any       | No                  |     |                   | MMP           |
| 67331  | Strabismus surgery on patient with previous eye surgery or injury that  | No                  |     |                   | MMP           |
| 67332  | Strabismus surgery on patient with scarring of extraocular muscles (eg, | No                  |     |                   | MMP           |
| 67334  | Strabismus surgery by posterior fixation suture technique, with or      | No                  |     |                   | MMP           |
| 67335  | Placement of adjustable suture(s) during strabismus surgery, including  | No                  |     |                   | MMP           |
| 67340  | Strabismus surgery involving exploration and/or repair of detached      | No                  |     |                   | MMP           |
| 67343  | Release of extensive scar tissue without detaching extraocular muscle   | No                  |     |                   | MMP           |
| 67345  | CHEMODENERVATION OF EXTRAOCULAR MUSCLE                                  | No                  |     |                   | MMP           |
| 67346  | BIOPSY OF EXTRAOCULAR MUSCLE  | No                  |     |                   | MMP           |
| 67399  | UNLISTED PROCEDURE, OCULAR MUSCLE                                       | Yes                 |     |                   | MMP           |
| 67400  | Orbitotomy without bone flap (frontal or transconjunctival approach);   | No                  |     |                   | MMP           |
| 67405  | Orbitotomy without bone flap (frontal or transconjunctival approach);   | No                  |     |                   | MMP           |
| 67412  | Orbitotomy without bone flap (frontal or transconjunctival approach);   | No                  |     |                   | MMP           |
| 67413  | Orbitotomy without bone flap (frontal or transconjunctival approach);   | No                  |     |                   | MMP           |
| 67414  | Orbitotomy without bone flap (frontal or transconjunctival approach);   | No                  |     |                   | MMP           |
| 67415  | Fine needle aspiration of orbital contents                              | No                  |     |                   | MMP           |
| 67420  | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);  | No                  |     |                   | MMP           |
| 67430  | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);  | No                  |     |                   | MMP           |
| 67440  | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);  | No                  |     |                   | MMP           |
| 67445  | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);  | No                  |     |                   | MMP           |
| 67450  | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein);  | No                  |     |                   | MMP           |
| 67500  | Retrobulbar injection; medication (separate procedure, does not include | No                  |     |                   | MMP           |
| 67505  | RETROBULBAR INJECTION ALCOHOL   | No                  |     |                   | MMP           |
| 67515  | Injection of medication or other substance into Tenon's capsule         | No                  |     |                   | MMP           |
| 67550  | ORBITAL IMPLANT; INSERTION  | No                  |     |                   | MMP           |
| 67560  | ORBITAL IMPLANT; REMOVAL OR REVISION                                    | No                  |     |                   | MMP           |
| 67570  | Optic nerve decompression (eg, incision or fenestration of optic nerve  | No                  |     |                   | MMP           |
| 67599  | UNLISTED PROCEDURE, ORBIT   | Yes                 |     |                   | MMP           |
| 67700  | Blepharotomy, drainage of abscess, eyelid                               | No                  |     |                   | MMP           |
| 67710  | Severing of tarsorrhaphy  | No                  |     |                   | MMP           |
| 67715  | Canthotomy (separate procedure)   | No                  |     |                   | MMP           |
| 67800  | Excision of chalazion; single   | No                  |     |                   | MMP           |
| 67801  | Excision of chalazion; multiple, same lid                               | No                  |     |                   | MMP           |



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| 67805  | Excision of chalazion; multiple, different lids  | No                  |     |                   | MMP           |
| 67808  | Excision of chalazion; under general anesthesia and/or requiring   | No                  |     |                   | MMP           |
| 67810  | Biopsy of eyelid   | No                  |     |                   | MMP           |
| 67820  | Correction of trichiasis; epilation, by forceps only   | No                  |     |                   | MMP           |
| 67825  | Correction of trichiasis; epilation by other than forceps (eg, by  | No                  |     |                   | MMP           |
| 67830  | Correction of trichiasis; incision of lid margin   | No                  |     |                   | MMP           |
| 67835  | Correction of trichiasis; incision of lid margin, with free mucous   | No                  |     |                   | MMP           |
| 67840  | Excision of lesion of eyelid (except chalazion) without closure or with  | No                  |     |                   | MMP           |
| 67850  | Destruction of lesion of lid margin (up to 1 cm)   | No                  |     |                   | MMP           |
| 67875  | Temporary closure of eyelids by suture (eg, Frost suture)  | No                  |     |                   | MMP           |
| 67880  | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;                                | No                  |     |                   | MMP           |
| 67882  | Construction of intermarginal adhesions, median tarsorrhaphy, or   | No                  |     |                   | MMP           |
| 67900  | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)   | Yes                 |     |                   | MMP           |
| 67901  | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)         | Yes                 |     |                   | MMP           |
| 67902  | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA) | Yes                 |     |                   | MMP           |
| 67903  | REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH                           | Yes                 |     |                   | MMP           |
| 67904  | REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH                           | Yes                 |     |                   | MMP           |
| 67906  | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)             | Yes                 |     |                   | MMP           |
| 67908  | REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE- LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)     | Yes                 |     |                   | MMP           |
| 67909  | REDUCTION OF OVERCORRECTION OF PTOSIS  | Yes                 |     |                   | MMP           |
| 67911  | CORRECTION OF LID RETRACTION   | Yes                 |     |                   | MMP           |
| 67912  | CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)                      | Yes                 |     |                   | MMP           |
| 67914  | Repair of ectropion; suture  | No                  |     |                   | MMP           |
| 67915  | Repair of ectropion; thermocauterization   | No                  |     |                   | MMP           |
| 67916  | EXCISION TARSAL WEDGE  | No                  |     |                   | MMP           |
| 67917  | EXTENSIVE (EG, TARSAL STRIP OPERATIONS)  | No                  |     |                   | MMP           |
| 67921  | Repair of entropion; suture  | No                  |     |                   | MMP           |
| 67922  | Repair of entropion; thermocauterization   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 67923  | REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE               | No                  |     |                   | MMP           |
| 67924  | REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)   | No                  |     |                   | MMP           |
| 67930  | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or     | No                  |     |                   | MMP           |
| 67935  | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or     | No                  |     |                   | MMP           |
| 67938  | Removal of embedded foreign body, eyelid                                 | No                  |     |                   | MMP           |
| 67950  | Canthoplasty (reconstruction of canthus)                                 | Yes                 |     |                   | MMP           |
| 67961  | Excision and repair of eyelid, involving lid margin, tarsus,             | No                  |     |                   | MMP           |
| 67966  | Excision and repair of eyelid, involving lid margin, tarsus,             | No                  |     |                   | MMP           |
| 67971  | Reconstruction of eyelid, full thickness by transfer of                  | No                  |     |                   | MMP           |
| 67973  | Reconstruction of eyelid, full thickness by transfer of                  | No                  |     |                   | MMP           |
| 67974  | Reconstruction of eyelid, full thickness by transfer of                  | No                  |     |                   | MMP           |
| 67975  | Reconstruction of eyelid, full thickness by transfer of                  | No                  |     |                   | MMP           |
| 67999  | UNLISTED PROCEDURE, EYELIDS  | Yes                 |     |                   | MMP           |
| 68020  | Incision of conjunctiva, drainage of cyst                                | No                  |     |                   | MMP           |
| 68040  | Expression of conjunctival follicles (eg, for trachoma)                  | No                  |     |                   | MMP           |
| 68100  | Biopsy of conjunctiva  | No                  |     |                   | MMP           |
| 68110  | Excision of lesion, conjunctiva; up to 1 cm                              | No                  |     |                   | MMP           |
| 68115  | Excision of lesion, conjunctiva; over 1 cm                               | No                  |     |                   | MMP           |
| 68130  | Excision of lesion, conjunctiva; with adjacent sclera                    | No                  |     |                   | MMP           |
| 68135  | Destruction of lesion, conjunctiva                                       | No                  |     |                   | MMP           |
| 68200  | Subconjunctival injection  | No                  |     |                   | MMP           |
| 68320  | Conjunctivoplasty; with conjunctival graft or extensive rearrangement    | No                  |     |                   | MMP           |
| 68325  | Conjunctivoplasty; with buccal mucous membrane graft (includes           | No                  |     |                   | MMP           |
| 68326  | Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or | No                  |     |                   | MMP           |
| 68328  | Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous         | No                  |     |                   | MMP           |
| 68330  | Repair of symblepharon; conjunctivoplasty, without graft                 | No                  |     |                   | MMP           |
| 68335  | Repair of symblepharon; with free graft conjunctiva or buccal mucous     | No                  |     |                   | MMP           |
| 68340  | Repair of symblepharon; division of symblepharon, with or without        | No                  |     |                   | MMP           |
| 68360  | Conjunctival flap; bridge or partial (separate procedure)                | No                  |     |                   | MMP           |
| 68362  | Conjunctival flap; total (such as Gunderson thin flap or purse string    | No                  |     |                   | MMP           |
| 68371  | HARVEST CONJUNCTIVAL ALLOGRAFT, LIVING DONOR                             | Yes                 |     |                   | MMP           |
| 68399  | UNLISTED PROCEDURE, CONJUNCTIVA  | Yes                 |     |                   | MMP           |
| 68400  | Incision, drainage of lacrimal gland                                     | No                  |     |                   | MMP           |
| 68420  | Incision, drainage of lacrimal sac (dacryocystotomy or                   | No                  |     |                   | MMP           |
| 68440  | Snip incision of lacrimal punctum  | No                  |     |                   | MMP           |
| 68500  | Excision of lacrimal gland (dacryoadenectomy), except for tumor; total   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 68505  | Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial                              | No                  |     |                   | MMP           |
| 68510  | Biopsy of lacrimal gland  | No                  |     |                   | MMP           |
| 68520  | Excision of lacrimal sac (dacryocystectomy)   | No                  |     |                   | MMP           |
| 68525  | Biopsy of lacrimal sac  | No                  |     |                   | MMP           |
| 68530  | Removal of foreign body or dacryolith, lacrimal passages  | No                  |     |                   | MMP           |
| 68540  | Excision of lacrimal gland tumor; frontal approach  | No                  |     |                   | MMP           |
| 68550  | Excision of lacrimal gland tumor; involving osteotomy   | No                  |     |                   | MMP           |
| 68700  | Plastic repair of canaliculi  | No                  |     |                   | MMP           |
| 68705  | Correction of everted punctum, cautery  | No                  |     |                   | MMP           |
| 68720  | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)                                 | No                  |     |                   | MMP           |
| 68745  | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity);                                 | No                  |     |                   | MMP           |
| 68750  | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity);                                 | No                  |     |                   | MMP           |
| 68760  | Closure of the lacrimal punctum; by thermocauterization, ligation, or                                 | No                  |     |                   | MMP           |
| 68761  | Closure of the lacrimal punctum; by plug, each  | No                  |     |                   | MMP           |
| 68770  | Closure of lacrimal fistula (separate procedure)  | No                  |     |                   | MMP           |
| 68801  | Dilation of lacrimal punctum, with or without irrigation  | No                  |     |                   | MMP           |
| 68810  | Probing of nasolacrimal duct, with or without irrigation;   | No                  |     |                   | MMP           |
| 68811  | Probing of nasolacrimal duct, with or without irrigation; requiring                                   | No                  |     |                   | MMP           |
| 68815  | Probing of nasolacrimal duct, with or without irrigation; with insertion                              | No                  |     |                   | MMP           |
| 68816  | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION | No                  |     |                   | MMP           |
| 68840  | Probing of lacrimal canaliculi, with or without irrigation  | No                  |     |                   | MMP           |
| 68850  | Injection of contrast medium for dacryocystography  | No                  |     |                   | MMP           |
| 68899  | UNLISTED PROCEDURE, LACRIMAL SYSTEM   | Yes                 |     |                   | MMP           |
| 69000  | Drainage external ear, abscess or hematoma; simple  | No                  |     |                   | MMP           |
| 69005  | Drainage external ear, abscess or hematoma; complicated   | No                  |     |                   | MMP           |
| 69020  | Drainage external auditory canal, abscess   | No                  |     |                   | MMP           |
| 69090  | EAR PIERCING  | Not Covered         |     |                   | MMP           |
| 69100  | Biopsy external ear   | No                  |     |                   | MMP           |
| 69105  | Biopsy external auditory canal  | No                  |     |                   | MMP           |
| 69110  | Excision external ear; partial, simple repair   | No                  |     |                   | MMP           |
| 69120  | Excision external ear; complete amputation  | No                  |     |                   | MMP           |
| 69140  | Excision exostosis(es), external auditory canal   | No                  |     |                   | MMP           |
| 69145  | Excision soft tissue lesion, external auditory canal  | No                  |     |                   | MMP           |
| 69150  | Radical excision external auditory canal lesion; without neck dissection                              | No                  |     |                   | MMP           |
| 69155  | Radical excision external auditory canal lesion; with neck dissection                                 | No                  |     |                   | MMP           |
| 69200  | Removal foreign body from external auditory canal; without general                                    | No                  |     |                   | MMP           |
| 69205  | Removal foreign body from external auditory canal; with general                                       | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 69209  | Removal impacted cerumen using irrigation/lavage, unilateral             | No                  |     |                   | MMP           |
| 69210  | Removal impacted cerumen (separate procedure), one or both ears          | No                  |     |                   | MMP           |
| 69220  | Debridement, mastoidectomy cavity, simple (eg, routine cleaning)         | No                  |     |                   | MMP           |
| 69222  | Debridement, mastoidectomy cavity, complex (eg, with anesthesia or       | No                  |     |                   | MMP           |
| 69300  | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION                | Yes                 |     |                   | MMP           |
| 69310  | Reconstruction of external auditory canal (meatoplasty) (eg, for         | No                  |     |                   | MMP           |
| 69320  | Reconstruction external auditory canal for congenital atresia, single    | No                  |     |                   | MMP           |
| 69399  | UNLISTED PROCEDURE, EXTERNAL EAR   | Yes                 |     |                   | MMP           |
| 69420  | Myringotomy including aspiration and/or eustachian tube inflation        | No                  |     |                   | MMP           |
| 69421  | Myringotomy including aspiration and/or eustachian tube inflation        | No                  |     |                   | MMP           |
| 69424  | Ventilating tube removal requiring general anesthesia                    | No                  |     |                   | MMP           |
| 69433  | Tympanostomy (requiring insertion of ventilating tube), local or topical | No                  |     |                   | MMP           |
| 69436  | Tympanostomy (requiring insertion of ventilating tube), general          | No                  |     |                   | MMP           |
| 69440  | Middle ear exploration through postauricular or ear canal incision       | No                  |     |                   | MMP           |
| 69450  | Tympanolysis, transcanal   | No                  |     |                   | MMP           |
| 69501  | Transmastoid antrotomy (simple mastoidectomy)                            | No                  |     |                   | MMP           |
| 69502  | Mastoidectomy; complete  | No                  |     |                   | MMP           |
| 69505  | Mastoidectomy; modified radical  | No                  |     |                   | MMP           |
| 69511  | Mastoidectomy; radical   | No                  |     |                   | MMP           |
| 69530  | Petrous apicectomy including radical mastoidectomy                       | No                  |     |                   | MMP           |
| 69535  | Resection temporal bone, external approach                               | No                  |     |                   | MMP           |
| 69540  | Excision aural polyp   | No                  |     |                   | MMP           |
| 69550  | Excision aural glomus tumor; transcanal                                  | No                  |     |                   | MMP           |
| 69552  | Excision aural glomus tumor; transmastoid                                | No                  |     |                   | MMP           |
| 69554  | Excision aural glomus tumor; extended (extratemporal)                    | No                  |     |                   | MMP           |
| 69601  | Revision mastoidectomy; resulting in complete mastoidectomy              | No                  |     |                   | MMP           |
| 69602  | Revision mastoidectomy; resulting in modified radical mastoidectomy      | No                  |     |                   | MMP           |
| 69603  | Revision mastoidectomy; resulting in radical mastoidectomy               | No                  |     |                   | MMP           |
| 69604  | Revision mastoidectomy; resulting in tympanoplasty                       | No                  |     |                   | MMP           |
| 69605  | Revision mastoidectomy; with apicectomy                                  | No                  |     |                   | MMP           |
| 69610  | Tympanic membrane repair, with or without site preparation of            | No                  |     |                   | MMP           |
| 69620  | Myringoplasty (surgery confined to drumhead and donor area)              | No                  |     |                   | MMP           |
| 69631  | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy   | No                  |     |                   | MMP           |
| 69632  | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy   | No                  |     |                   | MMP           |
| 69633  | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy   | No                  |     |                   | MMP           |

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| 69635  | Tympanoplasty with antrotomy or mastoidectomy (including canalplasty,   | No                  |     |                   | MMP           |
| 69636  | Tympanoplasty with antrotomy or mastoidectomy (including canalplasty,   | No                  |     |                   | MMP           |
| 69637  | Tympanoplasty with antrotomy or mastoidectomy (including canalplasty,   | No                  |     |                   | MMP           |
| 69641  | Tympanoplasty with mastoidectomy (including canalplasty, middle ear     | No                  |     |                   | MMP           |
| 69642  | Tympanoplasty with mastoidectomy (including canalplasty, middle ear     | No                  |     |                   | MMP           |
| 69643  | Tympanoplasty with mastoidectomy (including canalplasty, middle ear     | No                  |     |                   | MMP           |
| 69644  | Tympanoplasty with mastoidectomy (including canalplasty, middle ear     | No                  |     |                   | MMP           |
| 69645  | Tympanoplasty with mastoidectomy (including canalplasty, middle ear     | No                  |     |                   | MMP           |
| 69646  | Tympanoplasty with mastoidectomy (including canalplasty, middle ear     | No                  |     |                   | MMP           |
| 69650  | Stapes mobilization   | No                  |     |                   | MMP           |
| 69660  | Stapedectomy or stapedotomy with reestablishment of ossicular           | No                  |     |                   | MMP           |
| 69661  | Stapedectomy or stapedotomy with reestablishment of ossicular           | No                  |     |                   | MMP           |
| 69662  | Revision of stapedectomy or stapedotomy                                 | No                  |     |                   | MMP           |
| 69666  | Repair oval window fistula  | No                  |     |                   | MMP           |
| 69667  | Repair round window fistula   | No                  |     |                   | MMP           |
| 69670  | Mastoid obliteration (separate procedure)                               | No                  |     |                   | MMP           |
| 69676  | Tympanic neurectomy   | No                  |     |                   | MMP           |
| 69700  | Closure postauricular fistula, mastoid (separate procedure)             | No                  |     |                   | MMP           |
| 69710  | Implantation or replacement of electromagnetic bone conduction hearing  | No                  |     |                   | MMP           |
| 69711  | Removal or repair of electromagnetic bone conduction hearing device in  | No                  |     |                   | MMP           |
| 69714  | Implantation, osseointegrated implant, temporal bone, with percutaneous | No                  |     |                   | MMP           |
| 69715  | Implantation, osseointegrated implant, temporal bone, with percutaneous | No                  |     |                   | MMP           |
| 69717  | Replacement (including removal of existing device), osseointegrated     | No                  |     |                   | MMP           |
| 69718  | Replacement (including removal of existing device), osseointegrated     | No                  |     |                   | MMP           |
| 69720  | Decompression facial nerve, intratemporal; lateral to geniculate        | No                  |     |                   | MMP           |
| 69725  | Decompression facial nerve, intratemporal; including medial to          | No                  |     |                   | MMP           |
| 69740  | Suture facial nerve, intratemporal, with or without graft or            | No                  |     |                   | MMP           |
| 69745  | Suture facial nerve, intratemporal, with or without graft or            | No                  |     |                   | MMP           |
| 69799  | UNLISTED PROCEDURE, MIDDLE EAR  | Yes                 |     |                   | MMP           |
| 69801  | Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal   | No                  |     |                   | MMP           |
| 69805  | Endolymphatic sac operation; without shunt                              | No                  |     |                   | MMP           |
| 69806  | Endolymphatic sac operation; with shunt                                 | No                  |     |                   | MMP           |
| 69905  | Labyrinthectomy; transcanal   | No                  |     |                   | MMP           |
| 69910  | Labyrinthectomy; with mastoidectomy                                     | No                  |     |                   | MMP           |
| 69915  | Vestibular nerve section, translabyrinthine approach                    | No                  |     |                   | MMP           |
| 69930  | COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY             | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 69949  | UNLISTED PROCEDURE, INNER EAR   | Yes                 |     |                   | MMP           |
| 69950  | Vestibular nerve section, transcranial approach                                   | No                  |     |                   | MMP           |
| 69955  | Total facial nerve decompression and/or repair (may include graft)                | No                  |     |                   | MMP           |
| 69960  | Decompression internal auditory canal   | No                  |     |                   | MMP           |
| 69970  | Removal of tumor, temporal bone   | No                  |     |                   | MMP           |
| 69979  | UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH                          | Yes                 |     |                   | MMP           |
| 69990  | Microsurgical techniques, requiring use of operating microscope (List             | No                  |     |                   | MMP           |
| 70010  | Myelography, posterior fossa, radiological supervision and                        | No                  |     |                   | MMP           |
| 70015  | Cisternography, positive contrast, radiological supervision and                   | No                  |     |                   | MMP           |
| 70030  | Radiologic examination, eye, for detection of foreign body                        | No                  |     |                   | MMP           |
| 70100  | Radiologic examination, mandible; partial, less than four views                   | No                  |     |                   | MMP           |
| 70110  | Radiologic examination, mandible; complete, minimum of four views                 | No                  |     |                   | MMP           |
| 70120  | Radiologic examination, mastoids; less than three views per side                  | No                  |     |                   | MMP           |
| 70130  | Radiologic examination, mastoids; complete, minimum of three views per            | No                  |     |                   | MMP           |
| 70134  | Radiologic examination, internal auditory meati, complete                         | No                  |     |                   | MMP           |
| 70140  | Radiologic examination, facial bones; less than three views                       | No                  |     |                   | MMP           |
| 70150  | Radiologic examination, facial bones; complete, minimum of three views            | No                  |     |                   | MMP           |
| 70160  | Radiologic examination, nasal bones, complete, minimum of three views             | No                  |     |                   | MMP           |
| 70170  | Dacryocystography, nasolacrimal duct, radiological supervision and                | No                  |     |                   | MMP           |
| 70190  | Radiologic examination; optic foramina  | No                  |     |                   | MMP           |
| 70200  | Radiologic examination; orbits, complete, minimum of four views                   | No                  |     |                   | MMP           |
| 70210  | Radiologic examination, sinuses, paranasal, less than three views                 | No                  |     |                   | MMP           |
| 70220  | Radiologic examination, sinuses, paranasal, complete, minimum of three            | No                  |     |                   | MMP           |
| 70240  | Radiologic examination, sella turcica   | No                  |     |                   | MMP           |
| 70250  | Radiologic examination, skull; less than four views                               | No                  |     |                   | MMP           |
| 70260  | Radiologic examination, skull; complete, minimum of four views                    | No                  |     |                   | MMP           |
| 70300  | Radiologic examination, teeth; single view  | No                  |     |                   | MMP           |
| 70310  | Radiologic examination, teeth; partial examination, less than full mouth          | No                  |     |                   | MMP           |
| 70320  | Radiologic examination, teeth; complete, full mouth                               | No                  |     |                   | MMP           |
| 70328  | Radiologic examination, temporomandibular joint, open and closed                  | No                  |     |                   | MMP           |
| 70330  | Radiologic examination, temporomandibular joint, open and closed                  | No                  |     |                   | MMP           |
| 70332  | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 70336  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT   | No                  |     |                   | MMP           |
| 70336  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT   | Yes                 |     |                   | MMP           |
| 70336  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT   | No                  |     |                   | MMP           |
| 70350  | CEPHALOGRAPH, ORTHODONTIC  | No                  |     |                   | MMP           |
| 70355  | ORTHOPANTOGRAM   | No                  |     |                   | MMP           |
| 70360  | Radiologic examination; neck, soft tissue  | No                  |     |                   | MMP           |
| 70370  | Radiologic examination; pharynx or larynx, including fluoroscopy and/or  | No                  |     |                   | MMP           |
| 70371  | COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING  | No                  |     |                   | MMP           |
| 70380  | Radiologic examination, salivary gland for calculus  | No                  |     |                   | MMP           |
| 70390  | Sialography, radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 70450  | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL  | No                  |     |                   | MMP           |
| 70460  | COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)  | No                  |     |                   | MMP           |
| 70470  | COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS     | No                  |     |                   | MMP           |
| 70480  | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL                    | No                  |     |                   | MMP           |
| 70481  | COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)          | No                  |     |                   | MMP           |
| 70482  | COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWE | No                  |     |                   | MMP           |
| 70486  | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL   | No                  | *   |                   | MMP           |
| 70487  | COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)   | No                  | *   |                   | MMP           |
| 70488  | COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTION | No                  | *   |                   | MMP           |
| 70490  | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 70491  | COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 70492  | COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS    | No                  |     |                   | MMP           |
| 70496  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INCL   | No                  |     |                   | MMP           |
| 70498  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INCLU  | No                  |     |                   | MMP           |
| 70540  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK  | No                  |     |                   | MMP           |
| 70542  | MRI ORBIT/FACE/NECK W/DYE   | No                  |     |                   | MMP           |
| 70543  | MRI ORBT/FAC/NCK W/O&W DYE  | No                  |     |                   | MMP           |
| 70544  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL                                    | No                  |     |                   | MMP           |
| 70545  | MR ANGIOGRAPHY HEAD W/DYE   | No                  |     |                   | MMP           |
| 70546  | MR ANGIOGRAPH HEAD W/O&W DYE  | No                  |     |                   | MMP           |
| 70547  | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)  | No                  |     |                   | MMP           |
| 70548  | MR ANGIOGRAPHY NECK W/DYE   | No                  |     |                   | MMP           |
| 70549  | MR ANGIOGRAPH NECK W/O&W DYE  | No                  |     |                   | MMP           |
| 70551  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL                                    | No                  |     |                   | MMP           |
| 70552  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)                                    | No                  |     |                   | MMP           |
| 70553  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)  | No                  |     |                   | MMP           |
| 70554  | MAGNETIC RESONANCE IMAGEING, BRAIN, FUNCTIONAL MRI; INCL TEST SELECTION/ADMINISTRATION OF MOVEMENT/VISUAL STIM, NOT REQ PHYS ADMIN  | No                  |     |                   | MMP           |
| 70555  | MAGNETIC RESONANCE IMAGEING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMIN OF ENTIRE NEUROFUNCTIONAL TESTING     | No                  |     |                   | MMP           |
| 70557  | MAGNETIC RESONANCE (EG PROTON) IMAGING, BRAIN (INCLD BRAN STEM & SKULL BASE) DURNG OPEN INTRACRANIAL PROC (EG ACCESS FOR RESIDUAL T | No                  |     |                   | MMP           |
| 70558  | MAGNETIC RESONANCE (EG PROTON) IMAGING, BRAIN (INCLDG BRAIN STEM & SKULL BASE) DRNG OPEN INTRACRANIAL PROC (EG TO ASSESS FOR RESID  | No                  |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 70559  | MAGNETIC RESONANCE (EG PROTON) IMAGING, BRAIN (INCLDNG BRAIN STEM & SKULL BASE) DRNG OPEN INTRACRANIAL PROC (EG TO ASSESS FOR RESI | No                  |     |                   | MMP           |
| 71045  | Radiologic examination, chest; single view   | No                  |     |                   | MMP           |
| 71046  | Radiologic examination, chest; 2 views   | No                  |     |                   | MMP           |
| 71047  | Radiologic examination, chest; 3 views   | No                  |     |                   | MMP           |
| 71048  | Radiologic examination, chest; 4 or more views   | No                  |     |                   | MMP           |
| 71100  | Radiologic examination, ribs, unilateral; two views  | No                  |     |                   | MMP           |
| 71101  | Radiologic examination, ribs, unilateral; including posteroanterior  | No                  |     |                   | MMP           |
| 71110  | Radiologic examination, ribs, bilateral; three views   | No                  |     |                   | MMP           |
| 71111  | Radiologic examination, ribs, bilateral; including posteroanterior   | No                  |     |                   | MMP           |
| 71120  | Radiologic examination; sternum, minimum of two views  | No                  |     |                   | MMP           |
| 71130  | Radiologic examination; sternoclavicular joint or joints, minimum of   | No                  |     |                   | MMP           |
| 71250  | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 71260  | COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 71270  | COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS            | No                  |     |                   | MMP           |
| 71275  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, (NONCORON) W/O CONTRAST MATERIAL(S), THEN W/ CONTRAST & FURTHER SEQUENCES (RVSD 010107)   | No                  |     |                   | MMP           |
| 71550  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)                       | No                  |     |                   | MMP           |
| 71551  | MRI CHEST W/DYE  | No                  |     |                   | MMP           |
| 71552  | MRI CHEST W/O&W DYE  | No                  |     |                   | MMP           |
| 71555  | MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CONTRAST MATERIAL(S)                                 | No                  |     |                   | MMP           |
| 72020  | Radiologic examination, spine, single view, specify level  | No                  |     |                   | MMP           |
| 72040  | Radiologic examination, spine, cervical; two or three views  | No                  |     |                   | MMP           |
| 72050  | Radiologic examination, spine, cervical; minimum of four views   | No                  |     |                   | MMP           |
| 72052  | Radiologic examination, spine, cervical; complete, including oblique and   | No                  |     |                   | MMP           |
| 72070  | Radiologic examination, spine; thoracic, two views   | No                  |     |                   | MMP           |
| 72072  | Radiologic examination, spine; thoracic, three views   | No                  |     |                   | MMP           |
| 72074  | Radiologic examination, spine; thoracic, minimum of four views   | No                  |     |                   | MMP           |
| 72080  | Radiologic examination, spine; thoracolumbar, two views  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 72081  | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); one view           | No                  |     |                   | MMP           |
| 72082  | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); 2 or 3 views       | No                  |     |                   | MMP           |
| 72083  | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); 4 or 5 views       | No                  |     |                   | MMP           |
| 72084  | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); minimum of 6 views | No                  |     |                   | MMP           |
| 72100  | Radiologic examination, spine, lumbosacral; two or three views  | No                  |     |                   | MMP           |
| 72110  | Radiologic examination, spine, lumbosacral; minimum of four views   | No                  |     |                   | MMP           |
| 72114  | Radiologic examination, spine, lumbosacral; complete, including bending   | No                  |     |                   | MMP           |
| 72120  | Radiologic examination, spine, lumbosacral, bending views only,   | No                  |     |                   | MMP           |
| 72125  | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL  | No                  |     |                   | MMP           |
| 72126  | COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 72127  | COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS                                     | No                  |     |                   | MMP           |
| 72128  | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL  | No                  |     |                   | MMP           |
| 72129  | COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 72130  | COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS                                     | No                  |     |                   | MMP           |
| 72131  | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL  | No                  |     |                   | MMP           |
| 72132  | COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 72133  | COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS                                       | No                  |     |                   | MMP           |
| 72141  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 72142  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)                            | No                  |     |                   | MMP           |
| 72146  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL                            | No                  |     |                   | MMP           |
| 72147  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)                            | No                  |     |                   | MMP           |
| 72148  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL                              | No                  |     |                   | MMP           |
| 72149  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)                              | No                  |     |                   | MMP           |
| 72156  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN | No                  |     |                   | MMP           |
| 72157  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN | No                  |     |                   | MMP           |
| 72158  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN | No                  |     |                   | MMP           |
| 72159  | MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)                                    | No                  |     |                   | MMP           |
| 72170  | Radiologic examination, pelvis; one or two views   | No                  |     |                   | MMP           |
| 72190  | Radiologic examination, pelvis; complete, minimum of three views   | No                  |     |                   | MMP           |
| 72191  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, INC | No                  |     |                   | MMP           |
| 72192  | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 72193  | COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 72194  | COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS            | No                  |     |                   | MMP           |
| 72195  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)  | No                  |     |                   | MMP           |
| 72196  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS  | No                  |     |                   | MMP           |
| 72197  | MRI PELVIS W/O & W DYE   | No                  |     |                   | MMP           |
| 72198  | MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 72200  | Radiologic examination, sacroiliac joints; less than three views   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 72202  | Radiologic examination, sacroiliac joints; three or more views  | No                  |     |                   | MMP           |
| 72220  | Radiologic examination, sacrum and coccyx, minimum of two views   | No                  |     |                   | MMP           |
| 72240  | Myelography, cervical, radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 72255  | Myelography, thoracic, radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 72265  | Myelography, lumbosacral, radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 72270  | MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERV/THOR, LUMB/CERV, LUMB/THOR/ CERV) RADIOL SUPERVISION & INTERPRETION | No                  |     |                   | MMP           |
| 72275  | Epidurography, radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 72285  | Diskography, cervical or thoracic, radiological supervision and   | No                  |     |                   | MMP           |
| 72295  | Diskography, lumbar, radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 73000  | Radiologic examination; clavicle, complete  | No                  |     |                   | MMP           |
| 73010  | Radiologic examination; scapula, complete   | No                  |     |                   | MMP           |
| 73020  | Radiologic examination, shoulder; one view  | No                  |     |                   | MMP           |
| 73030  | Radiologic examination, shoulder; complete, minimum of two views  | No                  |     |                   | MMP           |
| 73040  | Radiologic examination, shoulder, arthrography, radiological supervision  | No                  |     |                   | MMP           |
| 73050  | Radiologic examination; acromioclavicular joints, bilateral, with or  | No                  |     |                   | MMP           |
| 73060  | Radiologic examination; humerus, minimum of two views   | No                  |     |                   | MMP           |
| 73070  | Radiologic examination, elbow; two views  | No                  |     |                   | MMP           |
| 73080  | Radiologic examination, elbow; complete, minimum of three views   | No                  |     |                   | MMP           |
| 73085  | Radiologic examination, elbow, arthrography, radiological supervision   | No                  |     |                   | MMP           |
| 73090  | Radiologic examination; forearm, two views  | No                  |     |                   | MMP           |
| 73092  | Radiologic examination; upper extremity, infant, minimum of two views   | No                  |     |                   | MMP           |
| 73100  | Radiologic examination, wrist; two views  | No                  |     |                   | MMP           |
| 73110  | Radiologic examination, wrist; complete, minimum of three views   | No                  |     |                   | MMP           |
| 73115  | Radiologic examination, wrist, arthrography, radiological supervision   | No                  |     |                   | MMP           |
| 73120  | Radiologic examination, hand; two views   | No                  |     |                   | MMP           |
| 73130  | Radiologic examination, hand; minimum of three views  | No                  |     |                   | MMP           |
| 73140  | Radiologic examination, finger(s), minimum of two views   | No                  |     |                   | MMP           |
| 73200  | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 73201  | COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 73202  | COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS   | No                  |     |                   | MMP           |
| 73206  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQU | No                  |     |                   | MMP           |
| 73218  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT, WITHOUT CONTRAST MATERIAL(S)                           | No                  |     |                   | MMP           |
| 73219  | MRI UPPER EXTREMITY W/DYE  | No                  |     |                   | MMP           |
| 73220  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT   | No                  |     |                   | MMP           |
| 73221  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY  | No                  |     |                   | MMP           |
| 73222  | MRI JOINT UPR EXTREM W/ DYE  | No                  |     |                   | MMP           |
| 73223  | MRI JOINT UPR EXTR W/O&W DYE   | No                  |     |                   | MMP           |
| 73225  | MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)  | No                  |     |                   | MMP           |
| 73501  | Radiologic examination, hip, unilateral, with pelvis when performed; 1 view  | No                  |     |                   | MMP           |
| 73502  | Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views   | No                  |     |                   | MMP           |
| 73503  | Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views  | No                  |     |                   | MMP           |
| 73521  | Radiologic examination, hips, bilateral, with pelvis when performed; 2 views   | No                  |     |                   | MMP           |
| 73522  | Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views   | No                  |     |                   | MMP           |
| 73523  | Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views  | No                  |     |                   | MMP           |
| 73525  | Radiologic examination, hip, arthrography, radiological supervision and  | No                  |     |                   | MMP           |
| 73551  | Radiologic examination, femur; 1 view  | No                  |     |                   | MMP           |
| 73552  | Radiologic examination, femur; minimum 2 views   | No                  |     |                   | MMP           |
| 73560  | Radiologic examination, knee; one or two views   | No                  |     |                   | MMP           |
| 73562  | Radiologic examination, knee; three views  | No                  |     |                   | MMP           |
| 73564  | Radiologic examination, knee; complete, four or more views   | No                  |     |                   | MMP           |
| 73565  | Radiologic examination, knee; both knees, standing, anteroposterior  | No                  |     |                   | MMP           |
| 73580  | Radiologic examination, knee, arthrography, radiological supervision and   | No                  |     |                   | MMP           |
| 73590  | Radiologic examination; tibia and fibula, two views  | No                  |     |                   | MMP           |
| 73592  | Radiologic examination; lower extremity, infant, minimum of two views  | No                  |     |                   | MMP           |
| 73600  | Radiologic examination, ankle; two views   | No                  |     |                   | MMP           |
| 73610  | Radiologic examination, ankle; complete, minimum of three views  | No                  |     |                   | MMP           |
| 73615  | Radiologic examination, ankle, arthrography, radiological supervision  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 73620  | Radiologic examination, foot; two views   | No                  |     |                   | MMP           |
| 73630  | Radiologic examination, foot; complete, minimum of three views  | No                  |     |                   | MMP           |
| 73650  | Radiologic examination; calcaneus, minimum of two views   | No                  |     |                   | MMP           |
| 73660  | Radiologic examination; toe(s), minimum of two views  | No                  |     |                   | MMP           |
| 73700  | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 73701  | COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 73702  | COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS                      | No                  |     |                   | MMP           |
| 73706  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECT                    | No                  |     |                   | MMP           |
| 73718  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 73719  | MRI LOWER EXTREMITY W/DYE   | No                  |     |                   | MMP           |
| 73720  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT  | No                  |     |                   | MMP           |
| 73721  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY   | No                  |     |                   | MMP           |
| 73722  | MRI JOINT OF LWR EXTR W/DYE   | No                  |     |                   | MMP           |
| 73723  | MRI JOINT LWR EXTR W/O&W DYE  | No                  |     |                   | MMP           |
| 73725  | MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 74018  | Radiologic examination, abdomen; 1 view   | No                  |     |                   | MMP           |
| 74019  | Radiologic examination, abdomen; 2 views  | No                  |     |                   | MMP           |
| 74021  | Radiologic examination, abdomen; 3 or more views  | No                  |     |                   | MMP           |
| 74022  | Radiologic examination, abdomen; complete acute abdomen series,   | No                  |     |                   | MMP           |
| 74150  | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 74160  | COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 74170  | COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS                              | No                  |     |                   | MMP           |
| 74174  | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 74175  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS, IN  | No                  |     |                   | MMP           |
| 74176  | Computed tomography, abdomen and pelvis; without contrast material  | No                  |     |                   | MMP           |
| 74177  | Computed tomography, abdomen and pelvis; with contrast material(s)  | No                  |     |                   | MMP           |
| 74178  | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions | No                  |     |                   | MMP           |
| 74181  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN  | No                  |     |                   | MMP           |
| 74182  | MRI ABDOMEN W/DYE   | No                  |     |                   | MMP           |
| 74183  | MRI ABDOMEN W/O & W/DYE   | No                  |     |                   | MMP           |
| 74185  | MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)   | No                  |     |                   | MMP           |
| 74190  | Peritoneogram (eg, after injection of air or contrast), radiological  | No                  |     |                   | MMP           |
| 74210  | Radiologic examination; pharynx and/or cervical esophagus   | No                  |     |                   | MMP           |
| 74220  | Radiologic examination; esophagus   | No                  |     |                   | MMP           |
| 74230  | Swallowing function, with cineradiography/videoradiography  | No                  |     |                   | MMP           |
| 74235  | Removal of foreign body(s), esophageal, with use of balloon catheter,   | No                  |     |                   | MMP           |
| 74240  | Radiologic examination, gastrointestinal tract, upper; with or without  | No                  |     |                   | MMP           |
| 74241  | Radiologic examination, gastrointestinal tract, upper; with or without  | No                  |     |                   | MMP           |
| 74245  | Radiologic examination, gastrointestinal tract, upper; with small   | No                  |     |                   | MMP           |
| 74246  | Radiological examination, gastrointestinal tract, upper, air contrast,  | No                  |     |                   | MMP           |
| 74247  | Radiological examination, gastrointestinal tract, upper, air contrast,  | No                  |     |                   | MMP           |
| 74249  | Radiological examination, gastrointestinal tract, upper, air contrast,  | No                  |     |                   | MMP           |
| 74250  | Radiologic examination, small intestine, includes multiple serial films;  | No                  |     |                   | MMP           |
| 74251  | Radiologic examination, small intestine, includes multiple serial films;  | No                  |     |                   | MMP           |
| 74260  | Duodenography, hypotonic  | No                  |     |                   | MMP           |
| 74261  | COMPUTED TOMOGRAPHIC COLONGRAPHY; DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 74262  | COMPUTED TOMOGRAPHIC COLONGRAPHY; DIAGNOSTIC, INCL IMAGE POSTPROCESSING; W/CONTRAST MATERIAL(S) INCL NON-CONTRAST IMAGES, IF PERFO  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 74263  | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY; SCREENING, INCLUDING IMAGE POSTPROCESSING  | Yes                 |     |                   | MMP           |
| 74270  | Radiologic examination, colon; barium enema, with or without KUB   | No                  |     |                   | MMP           |
| 74280  | Radiologic examination, colon; air contrast with specific high density   | No                  |     |                   | MMP           |
| 74283  | Therapeutic enema, contrast or air, for reduction of intussusception or  | No                  |     |                   | MMP           |
| 74290  | Cholecystography, oral contrast;   | No                  |     |                   | MMP           |
| 74300  | Cholangiography and/or pancreatography; intraoperative, radiological   | No                  |     |                   | MMP           |
| 74301  | Cholangiography and/or pancreatography; additional set intraoperative,   | No                  |     |                   | MMP           |
| 74328  | Endoscopic catheterization of the biliary ductal system, radiological  | No                  |     |                   | MMP           |
| 74329  | Endoscopic catheterization of the pancreatic ductal system, radiological   | No                  |     |                   | MMP           |
| 74330  | Combined endoscopic catheterization of the biliary and pancreatic ductal   | No                  |     |                   | MMP           |
| 74340  | Introduction of long gastrointestinal tube (eg, Miller-Abbott),  | No                  |     |                   | MMP           |
| 74355  | Percutaneous placement of enteroclysis tube, radiological supervision  | No                  |     |                   | MMP           |
| 74360  | Intraluminal dilation of strictures and/or obstructions (eg, esophagus),   | No                  |     |                   | MMP           |
| 74363  | Percutaneous transhepatic dilation of biliary duct stricture with or   | No                  |     |                   | MMP           |
| 74400  | Urography (pyelography), intravenous, with or without KUB, with or   | No                  |     |                   | MMP           |
| 74410  | Urography, infusion, drip technique and/or bolus technique;  | No                  |     |                   | MMP           |
| 74415  | Urography, infusion, drip technique and/or bolus technique; with   | No                  |     |                   | MMP           |
| 74420  | Urography, retrograde, with or without KUB   | No                  |     |                   | MMP           |
| 74425  | Urography, antegrade, (pyelostogram, nephrostogram, loopogram),  | No                  |     |                   | MMP           |
| 74430  | Cystography, minimum of three views, radiological supervision and  | No                  |     |                   | MMP           |
| 74440  | Vasography, vesiculography, or epididymography, radiological supervision   | No                  | *   |                   | MMP           |
| 74445  | Corpora cavernosography, radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 74450  | Urethrocystography, retrograde, radiological supervision and   | No                  |     |                   | MMP           |
| 74455  | Urethrocystography, voiding, radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 74470  | Radiologic examination, renal cyst study, translumbar, contrast  | No                  |     |                   | MMP           |
| 74485  | Dilation of nephrostomy, ureters, or urethra, radiological supervision   | No                  |     |                   | MMP           |
| 74710  | Pelvimetry, with or without placental localization   | No                  |     |                   | MMP           |
| 74712  | Magnetic resonance (e.g., proton) imaging fetal, including placental and maternal pelvic imaging when performed; single or first gestation | No                  |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 74713  | Magnetic resonance (e.g., proton) imaging fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 74740  | Hysterosalpingography, radiological supervision and interpretation   | No                  | *   |                   | MMP           |
| 74742  | Transcervical catheterization of fallopian tube, radiological  | No                  | *   |                   | MMP           |
| 74775  | Perineogram (eg, vaginogram, for sex determination or extent of  | No                  |     |                   | MMP           |
| 75557  | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL   | No                  |     |                   | MMP           |
| 75559  | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING  | No                  |     |                   | MMP           |
| 75561  | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES  | No                  |     |                   | MMP           |
| 75563  | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING                               | No                  |     |                   | MMP           |
| 75565  | CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | No                  |     |                   | MMP           |
| 75571  | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM  | Not Covered         |     |                   | MMP           |
| 75571  | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM  | No                  |     |                   | MMP           |
| 75572  | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCL 3D IMAGE POSTPROC...)   | No                  |     |                   | MMP           |
| 75573  | COMPUTED TOMOGRAPHY, HEART, W/CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE/MORPHOLOGY IN SETTING OF CONGENITAL HEART DIS   | No                  |     |                   | MMP           |
| 75574  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES&BYPASS GRAFTS, W/CONTRAST MAT, INCL 3D POSTPROC, EVAL CARDIAC STRUCTURE   | No                  |     |                   | MMP           |
| 75600  | Aortography, thoracic, without serialography, radiological supervision   | No                  |     |                   | MMP           |
| 75605  | Aortography, thoracic, by serialography, radiological supervision and  | No                  |     |                   | MMP           |
| 75625  | Aortography, abdominal, by serialography, radiological supervision and   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 75630  | Aortography, abdominal plus bilateral iliofemoral lower extremity,   | No                  |     |                   | MMP           |
| 75635  | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGICAL SUPERVISION AND I | No                  |     |                   | MMP           |
| 75705  | Angiography, spinal, selective, radiological supervision and   | No                  |     |                   | MMP           |
| 75710  | Angiography, extremity, unilateral, radiological supervision and   | No                  |     |                   | MMP           |
| 75716  | Angiography, extremity, bilateral, radiological supervision and  | No                  |     |                   | MMP           |
| 75726  | Angiography, visceral, selective or supraseductive, (with or without   | No                  |     |                   | MMP           |
| 75731  | Angiography, adrenal, unilateral, selective, radiological supervision  | No                  |     |                   | MMP           |
| 75733  | Angiography, adrenal, bilateral, selective, radiological supervision and   | No                  |     |                   | MMP           |
| 75736  | Angiography, pelvic, selective or supraseductive, radiological   | No                  |     |                   | MMP           |
| 75741  | Angiography, pulmonary, unilateral, selective, radiological supervision  | No                  |     |                   | MMP           |
| 75743  | Angiography, pulmonary, bilateral, selective, radiological supervision   | No                  |     |                   | MMP           |
| 75746  | Angiography, pulmonary, by nonselective catheter or venous injection,  | No                  |     |                   | MMP           |
| 75756  | Angiography, internal mammary, radiological supervision and  | No                  |     |                   | MMP           |
| 75774  | Angiography, selective, each additional vessel studied after basic   | No                  |     |                   | MMP           |
| 75790  | Angiography, arteriovenous shunt (eg, dialysis patient), radiological  | No                  |     |                   | MMP           |
| 75801  | Lymphangiography, extremity only, unilateral, radiological supervision   | No                  |     |                   | MMP           |
| 75803  | Lymphangiography, extremity only, bilateral, radiological supervision  | No                  |     |                   | MMP           |
| 75805  | Lymphangiography, pelvic/abdominal, unilateral, radiological supervision   | No                  |     |                   | MMP           |
| 75807  | Lymphangiography, pelvic/abdominal, bilateral, radiological supervision  | No                  |     |                   | MMP           |
| 75809  | Shuntogram for investigation of previously placed indwelling nonvascular   | No                  |     |                   | MMP           |
| 75810  | Splenoportography, radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 75820  | Venography, extremity, unilateral, radiological supervision and  | No                  |     |                   | MMP           |
| 75822  | Venography, extremity, bilateral, radiological supervision and   | No                  |     |                   | MMP           |
| 75825  | Venography, caval, inferior, with serialography, radiological supervision  | No                  |     |                   | MMP           |
| 75827  | Venography, caval, superior, with serialography, radiological supervision  | No                  |     |                   | MMP           |
| 75831  | Venography, renal, unilateral, selective, radiological supervision and   | No                  |     |                   | MMP           |
| 75833  | Venography, renal, bilateral, selective, radiological supervision and  | No                  |     |                   | MMP           |
| 75840  | Venography, adrenal, unilateral, selective, radiological supervision and   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 75842  | Venography, adrenal, bilateral, selective, radiological supervision and  | No                  |     |                   | MMP           |
| 75860  | Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular,  | No                  |     |                   | MMP           |
| 75870  | Venography, superior sagittal sinus, radiological supervision and  | No                  |     |                   | MMP           |
| 75872  | Venography, epidural, radiological supervision and interpretation  | No                  |     |                   | MMP           |
| 75880  | Venography, orbital, radiological supervision and interpretation   | No                  |     |                   | MMP           |
| 75885  | Percutaneous transhepatic portography with hemodynamic evaluation,   | No                  |     |                   | MMP           |
| 75887  | Percutaneous transhepatic portography without hemodynamic evaluation,  | No                  |     |                   | MMP           |
| 75889  | Hepatic venography, wedged or free, with hemodynamic evaluation,   | No                  |     |                   | MMP           |
| 75891  | Hepatic venography, wedged or free, without hemodynamic evaluation,  | No                  |     |                   | MMP           |
| 75893  | Venous sampling through catheter, with or without angiography (eg, for   | No                  |     |                   | MMP           |
| 75894  | TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION                                       | No                  |     |                   | MMP           |
| 75898  | Angiography through existing catheter for follow-up study for  | No                  |     |                   | MMP           |
| 75901  | Mechanical removal of pericatheter obstructive material (eg, fibrin  | No                  |     |                   | MMP           |
| 75902  | Mechanical removal of intraluminal (intracatheter) obstructive material  | No                  |     |                   | MMP           |
| 75956  | Xray, endovasc thor ao repr  | No                  |     |                   | MMP           |
| 75957  | Xray, endovasc thor ao repr  | No                  |     |                   | MMP           |
| 75958  | Xray, place prox ext thor ao   | No                  |     |                   | MMP           |
| 75959  | Xray, place dist ext thor ao   | No                  |     |                   | MMP           |
| 75984  | Change of percutaneous tube or drainage catheter with contrast   | No                  |     |                   | MMP           |
| 75989  | Radiological guidance (ie, fluoroscopy, ultrasound, or computed  | No                  |     |                   | MMP           |
| 76000  | Fluoroscopy (separate procedure), up to one hour physician time, other   | No                  |     |                   | MMP           |
| 76001  | FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON- RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY, ERCP, BRONCHOSCOPY, | No                  |     |                   | MMP           |
| 76010  | Radiologic examination from nose to rectum for foreign body, single  | No                  |     |                   | MMP           |
| 76080  | Radiologic examination, abscess, fistula or sinus tract study,   | No                  |     |                   | MMP           |
| 76098  | Radiological examination, surgical specimen  | No                  |     |                   | MMP           |
| 76100  | Radiologic examination, single plane body section (eg, tomography),  | No                  |     |                   | MMP           |
| 76101  | Radiologic examination, complex motion (ie, hypercycloidal) body   | No                  |     |                   | MMP           |
| 76102  | Radiologic examination, complex motion (ie, hypercycloidal) body   | No                  |     |                   | MMP           |
| 76120  | Cineradiography/videoradiography, except where specifically included   | No                  |     |                   | MMP           |
| 76125  | Cineradiography/videoradiography to complement routine examination   | No                  |     |                   | MMP           |
| 76140  | Consultation on x-ray examination made elsewhere, written report   | No                  |     |                   | MMP           |
| 76376  | 3D RENDER W/O POSTPROCESS  | No                  |     |                   | MMP           |
| 76377  | 3D RENDERING W/POSTPROCESS   | No                  |     |                   | MMP           |
| 76380  | CT SCAN FOLLOWUP STUDY, LIM  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 76390  | MAGNETIC RESONANCE SPECTROSCOPY  | Not Covered         |     |                   | MMP           |
| 76496  | UNLISTED FLUROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)  | Yes                 |     |                   | MMP           |
| 76497  | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)  | Yes                 |     |                   | MMP           |
| 76498  | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE   | Yes                 |     |                   | MMP           |
| 76499  | UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE   | Yes                 |     |                   | MMP           |
| 76506  | Echoencephalography, B-scan and/or real time with image  | No                  |     |                   | MMP           |
| 76510  | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER        | No                  |     |                   | MMP           |
| 76511  | Ophthalmic ultrasound, diagnostic; quantitative A-scan only  | No                  |     |                   | MMP           |
| 76512  | Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed  | No                  |     |                   | MMP           |
| 76513  | Ophthalmic ultrasound, diagnostic; anterior segment ultrasound,  | No                  |     |                   | MMP           |
| 76514  | OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY  | No                  |     |                   | MMP           |
| 76516  | Ophthalmic biometry by ultrasound echography, A-scan;  | No                  |     |                   | MMP           |
| 76519  | Ophthalmic biometry by ultrasound echography, A-scan; with intraocular   | No                  |     |                   | MMP           |
| 76529  | Ophthalmic ultrasonic foreign body localization  | No                  |     |                   | MMP           |
| 76536  | Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid,   | No                  |     |                   | MMP           |
| 76604  | Ultrasound, chest, B-scan (includes mediastinum) and/or real time with   | No                  |     |                   | MMP           |
| 76641  | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete        | No                  |     |                   | MMP           |
| 76642  | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited         | No                  |     |                   | MMP           |
| 76700  | Ultrasound, abdominal, B-scan and/or real time with image  | No                  |     |                   | MMP           |
| 76705  | Ultrasound, abdominal, B-scan and/or real time with image  | No                  |     |                   | MMP           |
| 76706  | Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) | No                  |     |                   | MMP           |
| 76770  | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or   | No                  |     |                   | MMP           |
| 76775  | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or   | No                  |     |                   | MMP           |
| 76776  | ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH   | No                  |     |                   | MMP           |
| 76800  | Ultrasound, spinal canal and contents  | No                  |     |                   | MMP           |
| 76801  | Ultrasound, pregnant uterus, real time with image documentation, fetal   | No                  |     |                   | MMP           |
| 76802  | Ultrasound, pregnant uterus, real time with image documentation, fetal   | No                  |     |                   | MMP           |
| 76805  | Ultrasound, pregnant uterus, real time with image documentation, fetal   | No                  |     |                   | MMP           |
| 76810  | Ultrasound, pregnant uterus, real time with image documentation, fetal   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 76811  | Ultrasound, pregnant uterus, real time with image documentation, fetal   | No                  |     |                   | MMP           |
| 76812  | Ultrasound, pregnant uterus, real time with image documentation, fetal   | No                  |     |                   | MMP           |
| 76813  | ULTRASOUND, PREGNANT UTERUS, REAL TIME W/IMAGE DOC., 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASURE, TRANSABD/VAG; SINGLE/1ST GES                   | No                  |     |                   | MMP           |
| 76814  | ULTRASOUND, PREGNANT UTERUS, REAL TIME W/IMAGE DOC., 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASURE, TRANSABD/VAG; EA ADDL GESTAT                   | No                  |     |                   | MMP           |
| 76815  | Ultrasound, pregnant uterus, real time with image documentation, limited   | No                  |     |                   | MMP           |
| 76816  | Ultrasound, pregnant uterus, real time with image documentation,   | No                  |     |                   | MMP           |
| 76817  | Ultrasound, pregnant uterus, real time with image documentation,   | No                  |     |                   | MMP           |
| 76818  | Fetal biophysical profile; with non-stress testing   | No                  |     |                   | MMP           |
| 76819  | Fetal biophysical profile; without non-stress testing  | No                  |     |                   | MMP           |
| 76820  | Doppler velocimetry, fetal; umbilical artery   | No                  |     |                   | MMP           |
| 76821  | Doppler velocimetry, fetal; middle cerebral artery   | No                  |     |                   | MMP           |
| 76825  | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING;                           | No                  |     |                   | MMP           |
| 76826  | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR REPEAT STUDY | No                  |     |                   | MMP           |
| 76827  | DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE                           | No                  |     |                   | MMP           |
| 76828  | DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR REPEAT STUDY          | No                  |     |                   | MMP           |
| 76830  | Ultrasound, transvaginal   | No                  |     |                   | MMP           |
| 76831  | Saline infusion sonohysterography (SIS), including color flow Doppler,   | No                  |     |                   | MMP           |
| 76856  | Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image  | No                  |     |                   | MMP           |
| 76857  | Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image  | No                  |     |                   | MMP           |
| 76870  | Ultrasound, scrotum and contents   | No                  |     |                   | MMP           |
| 76872  | Ultrasound, transrectal;   | No                  |     |                   | MMP           |
| 76873  | Ultrasound, transrectal; prostate volume study for brachytherapy   | No                  |     |                   | MMP           |
| 76881  | Ultrasound, extremity, nonvascular, real-time with image documentation; complete   | No                  |     |                   | MMP           |
| 76882  | Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 76885  | Ultrasound, infant hips, real time with imaging documentation; dynamic   | No                  |     |                   | MMP           |
| 76886  | Ultrasound, infant hips, real time with imaging documentation; limited,  | No                  |     |                   | MMP           |
| 76930  | Ultrasonic guidance for pericardiocentesis, imaging supervision and  | No                  |     |                   | MMP           |
| 76932  | Ultrasonic guidance for endomyocardial biopsy, imaging supervision and   | No                  |     |                   | MMP           |
| 76936  | Ultrasound guided compression repair of arterial pseudoaneurysm or   | No                  |     |                   | MMP           |
| 76937  | Ultrasound guidance for vascular access requiring ultrasound evaluation  | No                  |     |                   | MMP           |
| 76940  | Ultrasound guidance for, and monitoring of, visceral tissue ablation   | No                  |     |                   | MMP           |
| 76941  | Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis,   | No                  |     |                   | MMP           |
| 76942  | Ultrasonic guidance for needle placement (eg, biopsy, aspiration,  | No                  |     |                   | MMP           |
| 76945  | Ultrasonic guidance for chorionic villus sampling, imaging supervision   | No                  |     |                   | MMP           |
| 76946  | Ultrasonic guidance for amniocentesis, imaging supervision and   | No                  |     |                   | MMP           |
| 76965  | Ultrasonic guidance for interstitial radioelement application  | No                  |     |                   | MMP           |
| 76970  | Ultrasound study follow-up (specify)   | No                  |     |                   | MMP           |
| 76975  | Gastrointestinal endoscopic ultrasound, supervision and interpretation   | No                  |     |                   | MMP           |
| 76977  | ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD   | No                  |     |                   | MMP           |
| 76998  | ULTRASOUND GUIDANCE, INTRAOPERATIVE  | No                  |     |                   | MMP           |
| 76999  | UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)   | Yes                 |     |                   | MMP           |
| 77001  | FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT,  | No                  |     |                   | MMP           |
| 77002  | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT   | No                  |     |                   | MMP           |
| 77003  | Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, subarachnoid, or sacroiliac joint), including neurolytic agent destruction | No                  |     |                   | MMP           |
| 77011  | COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION   | No                  |     |                   | MMP           |
| 77012  | COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT  | No                  |     |                   | MMP           |
| 77013  | CT GUIDE PARENCHYMAL ABLATE  | No                  |     |                   | MMP           |
| 77014  | CT GUIDE PLACE RADIATION FLD   | No                  |     |                   | MMP           |
| 77021  | MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT   | No                  |     |                   | MMP           |
| 77022  | MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL  | No                  |     |                   | MMP           |
| 77053  | MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 77054  | MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL   | No                  |     |                   | MMP           |
| 77058  | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL   | No                  |     |                   | MMP           |
| 77059  | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL  | No                  |     |                   | MMP           |
| 77061  | Digital breast tomosynthesis; unilateral   | No                  |     |                   | MMP           |
| 77062  | Digital breast tomosynthesis; bilateral  | No                  |     |                   | MMP           |
| 77063  | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 77065  | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral  | No                  |     |                   | MMP           |
| 77066  | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral   | No                  |     |                   | MMP           |
| 77067  | Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed  | No                  |     |                   | MMP           |
| 77071  | MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT  | No                  |     |                   | MMP           |
| 77072  | BONE AGE STUDIES   | No                  |     |                   | MMP           |
| 77073  | BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)  | No                  |     |                   | MMP           |
| 77074  | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED  | No                  |     |                   | MMP           |
| 77075  | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE   | No                  |     |                   | MMP           |
| 77076  | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT   | No                  |     |                   | MMP           |
| 77077  | JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)  | No                  |     |                   | MMP           |
| 77078  | COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)   | No                  |     |                   | MMP           |
| 77080  | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)  | No                  |     |                   | MMP           |
| 77081  | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST)                            | No                  |     |                   | MMP           |
| 77084  | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY  | No                  |     |                   | MMP           |
| 77085  | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment | No                  |     |                   | MMP           |
| 77086  | Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)   | No                  |     |                   | MMP           |
| 77261  | Therapeutic radiology treatment planning; simple   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 77262  | Therapeutic radiology treatment planning; intermediate  | No                  |     |                   | MMP           |
| 77263  | Therapeutic radiology treatment planning; complex   | No                  |     |                   | MMP           |
| 77280  | Therapeutic radiology simulation-aided field setting; simple  | No                  |     |                   | MMP           |
| 77285  | Therapeutic radiology simulation-aided field setting; intermediate  | No                  |     |                   | MMP           |
| 77290  | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX   | No                  |     |                   | MMP           |
| 77293  | Respiratory motion management simulation (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 77295  | Therapeutic radiology simulation-aided field setting; three-dimensional   | No                  |     |                   | MMP           |
| 77299  | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING   | Yes                 |     |                   | MMP           |
| 77300  | Basic radiation dosimetry calculation, central axis depth dose  | No                  |     |                   | MMP           |
| 77301  | Intensity modulated radiotherapy plan, including dose-volume histograms   | No                  |     |                   | MMP           |
| 77306  | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)   | No                  |     |                   | MMP           |
| 77307  | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | No                  |     |                   | MMP           |
| 77316  | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)                                | No                  |     |                   | MMP           |
| 77317  | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)                     | No                  |     |                   | MMP           |
| 77318  | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)                       | No                  |     |                   | MMP           |
| 77321  | Special teletherapy port plan, particles, hemibody, total body  | No                  |     |                   | MMP           |
| 77331  | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN   | No                  |     |                   | MMP           |
| 77332  | Treatment devices, design and construction; simple (simple block, simple  | No                  |     |                   | MMP           |
| 77333  | Treatment devices, design and construction; intermediate (multiple  | No                  |     |                   | MMP           |
| 77334  | Treatment devices, design and construction; complex (irregular blocks,  | No                  |     |                   | MMP           |
| 77336  | Continuing medical physics consultation, including assessment of  | No                  |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 77338  | MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN            | No                  |     |                   | MMP           |
| 77370  | Special medical radiation physics consultation   | No                  |     |                   | MMP           |
| 77371  | RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURG (SRS), FULL COURSE TX OF CEREBRAL LESION(S), 1 SESSION; MULTI-SOURCE COBALT60       | No                  |     |                   | MMP           |
| 77372  | RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURG (SRS), FULL COURSE TX OF CEREBRAL LESION(S), 1 SESSION; LINEAR ACCELER-BASED        | No                  |     |                   | MMP           |
| 77373  | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCL IMAGE GUIDANCE, ENTIRE COURSE > 5       | No                  |     |                   | MMP           |
| 77385  | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple                          | No                  |     |                   | MMP           |
| 77386  | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex                         | No                  |     |                   | MMP           |
| 77387  | Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed | No                  |     |                   | MMP           |
| 77399  | UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES                                     | Yes                 |     |                   | MMP           |
| 77401  | Radiation treatment delivery, superficial and/or ortho voltage   | No                  |     |                   | MMP           |
| 77402  | Radiation treatment delivery, single treatment area, single port or  | No                  |     |                   | MMP           |
| 77407  | Radiation treatment delivery, two separate treatment areas, three or   | No                  |     |                   | MMP           |
| 77412  | Radiation treatment delivery, three or more separate treatment areas,  | No                  |     |                   | MMP           |
| 77417  | Therapeutic radiology port film(s)   | No                  |     |                   | MMP           |
| 77423  | HIGH ENERY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH BLOCKING AND/O       | No                  |     |                   | MMP           |
| 77424  | Intraoperative radiation treatment delivery, x-ray, single treatment session   | No                  |     |                   | MMP           |
| 77425  | Intraoperative radiation treatment delivery, electrons, single treatment session   | No                  |     |                   | MMP           |
| 77427  | Radiation treatment management, five treatments  | No                  |     |                   | MMP           |
| 77431  | RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY                                     | No                  |     |                   | MMP           |
| 77432  | Stereotactic radiation treatment management of cerebral lesion(s)  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 77435  | STEREOTACTIC BODY RADIATION THERAPY, TX MGMT, PER TX COURSE, TO 1 OR MORE LESIONS, INCL IMAGE GUIDANCE, ENTIRE COURSE > 5 FRACTION   | No                  |     |                   | MMP           |
| 77469  | Intraoperative radiation treatment management  | No                  |     |                   | MMP           |
| 77470  | SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIATION)   | No                  |     |                   | MMP           |
| 77499  | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT   | Yes                 |     |                   | MMP           |
| 77600  | Hyperthermia, externally generated; superficial (ie, heating to a depth  | No                  |     |                   | MMP           |
| 77605  | Hyperthermia, externally generated; deep (ie, heating to depths greater  | No                  |     |                   | MMP           |
| 77610  | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial   | No                  |     |                   | MMP           |
| 77615  | Hyperthermia generated by interstitial probe(s); more than 5   | No                  |     |                   | MMP           |
| 77620  | Hyperthermia generated by intracavitary probe(s)   | No                  |     |                   | MMP           |
| 77750  | Infusion or instillation of radioelement solution (includes three months   | No                  |     |                   | MMP           |
| 77761  | Intracavitary radiation source application; simple   | No                  |     |                   | MMP           |
| 77762  | Intracavitary radiation source application; intermediate   | No                  |     |                   | MMP           |
| 77763  | Intracavitary radiation source application; complex  | No                  |     |                   | MMP           |
| 77767  | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm and 1 channel                           | No                  |     |                   | MMP           |
| 77768  | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 and 2 or more channels, or multiple lesions | No                  |     |                   | MMP           |
| 77770  | Remote afterloading high dose rate radionuclide interstitial or intracavity brachytherapy, includes basic dosimetry, when performed; 1 channel   | No                  |     |                   | MMP           |
| 77771  | Remote afterloading high dose rate radionuclide interstitial or intracavity brachytherapy, includes basic dosimetry, when performed; 2-12 channels   | No                  |     |                   | MMP           |
| 77772  | Remote afterloading high dose rate radionuclide interstitial or intracavity brachytherapy, includes basic dosimetry, when performed; over 12 channels                                      | No                  |     |                   | MMP           |
| 77778  | Interstitial radiation source application; complex   | No                  |     |                   | MMP           |
| 77789  | Surface application of radiation source  | No                  |     |                   | MMP           |
| 77790  | Supervision, handling, loading of radiation source   | No                  |     |                   | MMP           |
| 77799  | Unlisted procedure, clinical brachytherapy   | Yes                 |     |                   | MMP           |
| 78012  | Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)  | No                  |     |                   | MMP           |
| 78013  | Thyroid imaging (including vascular flow, when performed);   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78014  | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | No                  |     |                   | MMP           |
| 78015  | Thyroid carcinoma metastases imaging; limited area (eg, neck and chest)   | No                  |     |                   | MMP           |
| 78016  | Thyroid carcinoma metastases imaging; with additional studies (eg,  | No                  |     |                   | MMP           |
| 78018  | Thyroid carcinoma metastases imaging; whole body  | No                  |     |                   | MMP           |
| 78020  | Thyroid carcinoma metastases uptake (List separately in addition to code  | No                  |     |                   | MMP           |
| 78070  | Parathyroid imaging   | No                  |     |                   | MMP           |
| 78071  | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)  | No                  |     |                   | MMP           |
| 78072  | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization                | No                  |     |                   | MMP           |
| 78075  | Adrenal imaging, cortex and/or medulla  | No                  |     |                   | MMP           |
| 78099  | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE   | Yes                 |     |                   | MMP           |
| 78102  | Bone marrow imaging; limited area   | No                  |     |                   | MMP           |
| 78103  | Bone marrow imaging; multiple areas   | No                  |     |                   | MMP           |
| 78104  | Bone marrow imaging; whole body   | No                  |     |                   | MMP           |
| 78110  | Plasma Volume, Radiopharmaceutical Volume-Dilution Technique (Sep Proc); Single Sample  | No                  |     |                   | MMP           |
| 78111  | Plasma volume, radiopharmaceutical volume-dilution technique (separate  | No                  |     |                   | MMP           |
| 78120  | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING   | No                  |     |                   | MMP           |
| 78121  | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS  | No                  |     |                   | MMP           |
| 78122  | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIOPHARMACEUTICAL VOLUME-  | No                  |     |                   | MMP           |
| 78130  | RED CELL SURVIVAL STUDY   | No                  |     |                   | MMP           |
| 78135  | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)   | No                  |     |                   | MMP           |
| 78140  | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)   | No                  |     |                   | MMP           |
| 78185  | Spleen imaging only, with or without vascular flow  | No                  |     |                   | MMP           |
| 78191  | Platelet survival study   | No                  |     |                   | MMP           |
| 78195  | Lymphatics and lymph nodes imaging  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78199  | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | Yes                 |     |                   | MMP           |
| 78201  | Liver imaging; static only  | No                  |     |                   | MMP           |
| 78202  | Liver imaging; with vascular flow   | No                  |     |                   | MMP           |
| 78205  | LIVER IMAGING (SPECT);  | No                  |     |                   | MMP           |
| 78206  | LIVER IMAGING (SPECT); WITH VASCULAR FLOW   | No                  |     |                   | MMP           |
| 78215  | Liver and spleen imaging; static only   | No                  |     |                   | MMP           |
| 78216  | Liver and spleen imaging; with vascular flow  | No                  |     |                   | MMP           |
| 78226  | Hepatobiliary system imaging, including gallbladder when present;   | No                  |     |                   | MMP           |
| 78227  | Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed | No                  |     |                   | MMP           |
| 78230  | Salivary gland imaging;   | No                  |     |                   | MMP           |
| 78231  | Salivary gland imaging; with serial images  | No                  |     |                   | MMP           |
| 78232  | Salivary gland function study   | No                  |     |                   | MMP           |
| 78258  | Esophageal motility   | No                  |     |                   | MMP           |
| 78261  | Gastric mucosa imaging  | No                  |     |                   | MMP           |
| 78262  | Gastroesophageal reflux study   | No                  |     |                   | MMP           |
| 78264  | Gastric emptying study  | No                  |     |                   | MMP           |
| 78265  | Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel transit   | No                  |     |                   | MMP           |
| 78266  | Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days  | No                  |     |                   | MMP           |
| 78270  | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR  | No                  |     |                   | MMP           |
| 78271  | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR   | No                  |     |                   | MMP           |
| 78272  | VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR   | No                  |     |                   | MMP           |
| 78278  | Acute gastrointestinal blood loss imaging   | No                  |     |                   | MMP           |
| 78282  | Gastrointestinal protein loss   | No                  |     |                   | MMP           |
| 78290  | Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization,   | No                  |     |                   | MMP           |
| 78291  | Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)   | No                  |     |                   | MMP           |
| 78299  | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | Yes                 |     |                   | MMP           |
| 78300  | Bone and/or joint imaging; limited area   | No                  |     |                   | MMP           |
| 78305  | Bone and/or joint imaging; multiple areas   | No                  |     |                   | MMP           |
| 78306  | Bone and/or joint imaging; whole body   | No                  |     |                   | MMP           |
| 78315  | Bone and/or joint imaging; three phase study  | No                  |     |                   | MMP           |
| 78320  | Bone and/or joint imaging; tomographic (SPECT)  | No                  |     |                   | MMP           |
| 78350  | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY  | Not Covered         |     |                   | MMP           |
| 78351  | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MORE SITES   | Not Covered         |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78399  | UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | Yes                 |     |                   | MMP           |
| 78414  | Determination of central c-v hemodynamics (non-imaging) (eg, ejection  | No                  |     |                   | MMP           |
| 78428  | Cardiac shunt detection  | No                  |     |                   | MMP           |
| 78445  | Non-cardiac vascular flow imaging (ie, angiography, venography)  | No                  |     |                   | MMP           |
| 78451  | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCL ATTENUATION CORR, QUAL/QUANT WALL MOTION); SINGLE STUDY, AT REST OR STRESS | No                  |     |                   | MMP           |
| 78452  | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS &/OR REDISTRIBUTION &/OR REST REINJECTION   | No                  |     |                   | MMP           |
| 78453  | MYOCARDIAL PERFUSION IMAGING, PLANAR (INCL QUAL/QUANT WALL MOTION, EJECTION FRACTION QUANT); SINGLE STUDY, AT REST OR STRESS       | No                  |     |                   | MMP           |
| 78454  | MYOCARDIAL PERFUSION IMAGING, PLANAR; MULTIPLE STUDY, AT REST OR STRESS &/OR REDISTRIBUTION &/OR REST REINJECTION                  | No                  |     |                   | MMP           |
| 78456  | Acute venous thrombosis imaging, peptide   | No                  |     |                   | MMP           |
| 78457  | Venous thrombosis imaging, venogram; unilateral  | No                  |     |                   | MMP           |
| 78458  | Venous thrombosis imaging, venogram; bilateral   | No                  |     |                   | MMP           |
| 78459  | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION   | No                  |     |                   | MMP           |
| 78466  | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE  | No                  |     |                   | MMP           |
| 78468  | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE   | No                  |     |                   | MMP           |
| 78469  | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION   | No                  |     |                   | MMP           |
| 78472  | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION | No                  |     |                   | MMP           |
| 78473  | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, AT REST AND STRESS (EXE | No                  |     |                   | MMP           |
| 78481  | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC),  | No                  |     |                   | MMP           |
| 78483  | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOG | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78491  | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS                                  | No                  |     |                   | MMP           |
| 78492  | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS                          | No                  |     |                   | MMP           |
| 78494  | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTITAT | No                  |     |                   | MMP           |
| 78496  | NUCLEAR BLOOD POOL IMAGING   | No                  |     |                   | MMP           |
| 78499  | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE   | Yes                 |     |                   | MMP           |
| 78579  | Pulmonary ventilation imaging (eg, aerosol or gas)   | No                  |     |                   | MMP           |
| 78580  | Pulmonary perfusion imaging, particulate   | No                  |     |                   | MMP           |
| 78582  | Pulmonary ventilation imaging (eg, aerosol or gas)   | No                  |     |                   | MMP           |
| 78597  | Quantitative differential pulmonary perfusion, including imaging when performed  | No                  |     |                   | MMP           |
| 78598  | Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed               | No                  |     |                   | MMP           |
| 78599  | UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | Yes                 |     |                   | MMP           |
| 78600  | BRAIN IMAGING, LIMITED PROCEDURE; STATIC   | No                  |     |                   | MMP           |
| 78601  | BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW   | No                  |     |                   | MMP           |
| 78605  | BRAIN IMAGING, COMPLETE STUDY; STATIC  | No                  |     |                   | MMP           |
| 78606  | BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW  | No                  |     |                   | MMP           |
| 78607  | BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)   | No                  |     |                   | MMP           |
| 78608  | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION  | No                  |     |                   | MMP           |
| 78609  | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION  | Not Covered         |     |                   | MMP           |
| 78610  | BRAIN IMAGING, VASCULAR FLOW ONLY  | No                  |     |                   | MMP           |
| 78630  | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY   | No                  |     |                   | MMP           |
| 78635  | Cerebrospinal fluid flow, imaging (not including introduction of   | No                  |     |                   | MMP           |
| 78645  | Cerebrospinal fluid flow, imaging (not including introduction of   | No                  |     |                   | MMP           |
| 78647  | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)                                    | No                  |     |                   | MMP           |
| 78650  | Cerebrospinal fluid leakage detection and localization   | No                  |     |                   | MMP           |
| 78660  | Radiopharmaceutical dacryocystography  | No                  |     |                   | MMP           |
| 78699  | UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE   | Yes                 |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78700  | KIDNEY IMAGING MORPHOLOGY   | No                  |     |                   | MMP           |
| 78701  | KIDNEY IMAGING MORPHOLOGY;<br>WITH VASCULAR FLOW  | No                  |     |                   | MMP           |
| 78707  | KIDNEY IMAGING MORPHOLOGY;<br>WITH VASCULAR FLOW & FUNCTION,<br>SINGLE STUDY WITHOUT<br>PHARMACOLOGICAL INTERVENTION                              | No                  |     |                   | MMP           |
| 78708  | KIDNEY IMAGING MORPHOLOGY;<br>WITH VASCULAR FLOW & FUNCTION,<br>SINGLE STUDY WITHOUT<br>PHARMACOLOGICAL INTERVENTION                              | No                  |     |                   | MMP           |
| 78709  | KIDNEY IMAGING MORPHOLOGY;<br>W/VASCULAR FLOW & FUNCTION;<br>MULTIPLE STUDIES, W & WO<br>PHARMACOLOGICAL INTERVENTION                             | No                  |     |                   | MMP           |
| 78710  | KIDNEY IMAGING MORPHOLOGY;<br>TOMOGRAPHIC (SPECT)   | No                  |     |                   | MMP           |
| 78725  | KIDNEY FUNCTION STUDY, NON-<br>IMAGING RADIOISOTOPIC STUDY  | No                  |     |                   | MMP           |
| 78730  | URINARY BLADDER RESIDUAL STUDY<br>(LIST SEPARATELY IN ADDITION TO<br>CODE FOR PRIMARY PROCEDURE)  | No                  |     |                   | MMP           |
| 78740  | URETERAL REFLUX STUDY<br>(RADIOPHARMACEUTICAL VOIDING<br>CYSTOGRAM)   | No                  |     |                   | MMP           |
| 78761  | TESTICULAR IMAGING WITH<br>VASCULAR FLOW  | No                  |     |                   | MMP           |
| 78799  | UNLISTED GENITOURINARY<br>PROCEDURE, DIAGNOSTIC NUCLEAR<br>MEDICINE   | Yes                 |     |                   | MMP           |
| 78800  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF TUMOR; LIMITED<br>AREA   | No                  |     |                   | MMP           |
| 78801  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF TUMOR; MULTIPLE<br>AREAS   | No                  |     |                   | MMP           |
| 78802  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF TUMOR; WHOLE<br>BODY, SINGLE DAY IMAGING   | No                  |     |                   | MMP           |
| 78803  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF TUMOR;<br>TOMOGRAPHIC (SPECT)  | No                  |     |                   | MMP           |
| 78804  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF TUMOR OR<br>DISTRIBUTION OF<br>RADIOPHARMACEUTICAL AGENT(S);<br>WHOLE BODY, REQUIRING 2 OR<br>MORE DAYS IM | No                  |     |                   | MMP           |
| 78805  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF ABSCESS; LIMITED<br>AREA   | No                  |     |                   | MMP           |
| 78806  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF ABSCESS; WHOLE<br>BODY   | No                  |     |                   | MMP           |
| 78807  | RADIOPHARMACEUTICAL<br>LOCALIZATION OF ABSCESS;<br>TOMOGRAPHIC (SPECT)  | No                  |     |                   | MMP           |
| 78808  | Injection procedure for<br>radiopharmaceutical localization by non-<br>imaging probe study; intravenous (eg,<br>parathyroid adenoma)              | No                  |     |                   | MMP           |
| 78811  | TUMOR IMAGING, POSITRON<br>EMISSION TOMOGRAPHY (PET);<br>LIMITED AREA (EG, CHEST,<br>HEAD/NECK)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 78812  | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-THIGH   | No                  |     |                   | MMP           |
| 78813  | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY  | No                  |     |                   | MMP           |
| 78814  | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED CT SCAN; FOR ATTENUATION CORRECTION; LIMITED AREA     | No                  |     |                   | MMP           |
| 78815  | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) W/CONCURRENTLY ACQUIRED CT SCAN FOR ATTNEUATION CORRCTN; SKULL BASE TO MID-THIGH | No                  |     |                   | MMP           |
| 78816  | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) W/CONCURRENTLY ACQUIRED CT SCAN FOR ATTENUATION CORRECTION; WHOLE BODY           | No                  |     |                   | MMP           |
| 78999  | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | Yes                 |     |                   | MMP           |
| 79005  | Radiopharmaceutical therapy, by oral administration  | No                  |     |                   | MMP           |
| 79101  | Radiopharmaceutical therapy, by intravenous administration   | No                  |     |                   | MMP           |
| 79200  | Radiopharmaceutical therapy, by intracavitary administration   | No                  |     |                   | MMP           |
| 79300  | Radiopharmaceutical therapy, by interstitial radioactive colloid   | No                  |     |                   | MMP           |
| 79403  | RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION  | No                  |     |                   | MMP           |
| 79440  | Radiopharmaceutical therapy, by intra-articular administration   | No                  |     |                   | MMP           |
| 79445  | Radiopharmaceutical therapy, by intra-arterial particulate   | No                  |     |                   | MMP           |
| 79999  | Radiopharmaceutical therapy, unlisted procedure  | No                  |     |                   | MMP           |
| 80050  | General health panel   | No                  |     |                   | MMP           |
| 80055  | Obstetric panel  | No                  |     |                   | MMP           |
| 80320  | Alcohols   | No                  |     |                   | MMP           |
| 80321  | Alcohol biomarkers; 1 or 2   | No                  |     |                   | MMP           |
| 80322  | Alcohol biomarkers; 3 or more  | No                  |     |                   | MMP           |
| 80323  | Alkaloids, not otherwise specified   | No                  |     |                   | MMP           |
| 80324  | Amphetamines; 1 or 2   | No                  |     |                   | MMP           |
| 80325  | Amphetamines; 3 or 4   | No                  |     |                   | MMP           |
| 80326  | Amphetamines; 5 or more  | No                  |     |                   | MMP           |
| 80327  | Anabolic steroids; 1 or 2  | No                  |     |                   | MMP           |
| 80328  | Anabolic steroids; 3 or more   | No                  |     |                   | MMP           |
| 80329  | Analgesics, non-opioid; 1 or 2   | No                  |     |                   | MMP           |
| 80330  | Analgesics, non-opioid; 3-5  | No                  |     |                   | MMP           |
| 80331  | Analgesics, non-opioid; 6 or more  | No                  |     |                   | MMP           |
| 80332  | Antidepressants, serotonergic class; 1 or 2  | No                  |     |                   | MMP           |
| 80333  | Antidepressants, serotonergic class; 3-5   | No                  |     |                   | MMP           |
| 80334  | Antidepressants, serotonergic class; 6 or more   | No                  |     |                   | MMP           |
| 80335  | Antidepressants, tricyclic and other cyclicals; 1 or 2   | No                  |     |                   | MMP           |
| 80336  | Antidepressants, tricyclic and other cyclicals; 3-5  | No                  |     |                   | MMP           |
| 80337  | Antidepressants, tricyclic and other cyclicals; 6 or more  | No                  |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 80338  | Antidepressants, not otherwise specified   | No                  |     |                   | MMP           |
| 80339  | Antiepileptics, not otherwise specified; 1-3   | No                  |     |                   | MMP           |
| 80340  | Antiepileptics, not otherwise specified; 4-6   | No                  |     |                   | MMP           |
| 80341  | Antiepileptics, not otherwise specified; 7 or more   | No                  |     |                   | MMP           |
| 80342  | Antipsychotics, not otherwise specified; 1-3   | No                  |     |                   | MMP           |
| 80343  | Antipsychotics, not otherwise specified; 4-6   | No                  |     |                   | MMP           |
| 80344  | Antipsychotics, not otherwise specified; 7 or more   | No                  |     |                   | MMP           |
| 80345  | Barbiturates   | No                  |     |                   | MMP           |
| 80346  | Benzodiazepines; 1-12  | No                  |     |                   | MMP           |
| 80347  | Benzodiazepines; 13 or more  | No                  |     |                   | MMP           |
| 80348  | Buprenorphine  | No                  |     |                   | MMP           |
| 80349  | Cannabinoids, natural  | No                  |     |                   | MMP           |
| 80350  | Cannabinoids, synthetic; 1-3   | No                  |     |                   | MMP           |
| 80351  | Cannabinoids, synthetic; 4-6   | No                  |     |                   | MMP           |
| 80352  | Cannabinoids, synthetic; 7 or more   | No                  |     |                   | MMP           |
| 80353  | Cocaine  | No                  |     |                   | MMP           |
| 80354  | Fentanyl   | No                  |     |                   | MMP           |
| 80355  | Gabapentin, non-blood  | No                  |     |                   | MMP           |
| 80356  | Heroin metabolite  | No                  |     |                   | MMP           |
| 80357  | Ketamine and norketamine   | No                  |     |                   | MMP           |
| 80358  | Methadone  | No                  |     |                   | MMP           |
| 80359  | Methylenedioxyamphetamines (MDA, MDEA, MDMA)   | No                  |     |                   | MMP           |
| 80360  | Methylphenidate  | No                  |     |                   | MMP           |
| 80361  | Opiates, 1 or more   | No                  |     |                   | MMP           |
| 80362  | Opioids and opiate analogs; 1 or 2   | No                  |     |                   | MMP           |
| 80363  | Opioids and Opiate analogs; 3 or 4   | No                  |     |                   | MMP           |
| 80364  | Opioids and Opiate analogs; 5 or more  | No                  |     |                   | MMP           |
| 80365  | Oxycodone  | No                  |     |                   | MMP           |
| 80366  | Pregabalin   | No                  |     |                   | MMP           |
| 80367  | Propoxyphene   | No                  |     |                   | MMP           |
| 80368  | Sedative hypnotics (non-benzodiazepines)   | No                  |     |                   | MMP           |
| 80369  | Skeletal muscle relaxants; 1 or 2  | No                  |     |                   | MMP           |
| 80370  | Skeletal muscle relaxants; 3 or more   | No                  |     |                   | MMP           |
| 80371  | Stimulants, synthetic  | No                  |     |                   | MMP           |
| 80372  | Tapentadol   | No                  |     |                   | MMP           |
| 80373  | Tramadol   | No                  |     |                   | MMP           |
| 80374  | Stereoisomer (enantiomer) analysis, single drug class  | No                  |     |                   | MMP           |
| 80375  | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3       | No                  |     |                   | MMP           |
| 80376  | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6       | No                  |     |                   | MMP           |
| 80377  | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more | No                  |     |                   | MMP           |
| 80500  | Clinical pathology consultation; limited, without review of patient's                                | No                  |     |                   | MMP           |
| 80502  | Clinical pathology consultation; comprehensive, for a complex diagnostic                             | No                  |     |                   | MMP           |
| 81099  | UNLISTED URINALYSIS PROCEDURE  | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81105  | Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)                        | Yes                 |     |                   | MMP           |
| 81106  | Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)                                      | Yes                 |     |                   | MMP           |
| 81107  | Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)  | Yes                 |     |                   | MMP           |
| 81108  | Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)                       | Yes                 |     |                   | MMP           |
| 81109  | Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))                   | Yes                 |     |                   | MMP           |
| 81110  | Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)                      | Yes                 |     |                   | MMP           |
| 81111  | Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M) | Yes                 |     |                   | MMP           |
| 81112  | Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)  | Yes                 |     |                   | MMP           |
| 81120  | IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)  | Yes                 |     |                   | MMP           |
| 81121  | IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)  | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81162  | BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e., exon 13 del 3.83kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb); full sequence analysis and full duplication/deletion analysis | Yes                 |     |                   | MMP           |
| 81170  | ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kionase) (e.g., acquired imatinab tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain  | No                  |     |                   | MMP           |
| 81170  | ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kionase) (e.g., acquired imatinab tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain  | Yes                 |     |                   | MMP           |
| 81175  | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence  | Yes                 |     |                   | MMP           |
| 81176  | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)  | Yes                 |     |                   | MMP           |
| 81206  | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative  | Yes                 |     |                   | MMP           |
| 81207  | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative  | No                  |     |                   | MMP           |
| 81207  | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative  | Yes                 |     |                   | MMP           |
| 81208  | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative  | No                  |     |                   | MMP           |
| 81208  | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative  | Yes                 |     |                   | MMP           |
| 81210  | BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant   | No                  |     |                   | MMP           |
| 81210  | BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant   | Yes                 |     |                   | MMP           |
| 81211  | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)   | Yes                 |     |                   | MMP           |
| 81212  | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants   | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81213  | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants  | Yes                 |     |                   | MMP           |
| 81214  | BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb) | Yes                 |     |                   | MMP           |
| 81215  | BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant   | Yes                 |     |                   | MMP           |
| 81216  | BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis   | Yes                 |     |                   | MMP           |
| 81217  | BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant   | Yes                 |     |                   | MMP           |
| 81218  | CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (e.g., acute myloid leukemia), gene analysis, full gene sequence   | No                  |     |                   | MMP           |
| 81218  | CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (e.g., acute myloid leukemia), gene analysis, full gene sequence   | Yes                 |     |                   | MMP           |
| 81219  | CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9   | No                  |     |                   | MMP           |
| 81219  | CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9   | Yes                 |     |                   | MMP           |
| 81220  | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)   | No                  |     |                   | MMP           |
| 81225  | CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)   | Yes                 |     |                   | MMP           |
| 81226  | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)  | Yes                 |     |                   | MMP           |
| 81227  | CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)  | Yes                 |     |                   | MMP           |
| 81230  | CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)   | Yes                 |     |                   | MMP           |
| 81231  | CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)  | Yes                 |     |                   | MMP           |
| 81232  | DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81235  | EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)                                    | No                  |     |                   | MMP           |
| 81235  | EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)                                    | Yes                 |     |                   | MMP           |
| 81238  | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence   | Yes                 |     |                   | MMP           |
| 81245  | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)   | No                  |     |                   | MMP           |
| 81245  | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)   | Yes                 |     |                   | MMP           |
| 81246  | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)  | No                  |     |                   | MMP           |
| 81247  | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)   | Yes                 |     |                   | MMP           |
| 81248  | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)   | Yes                 |     |                   | MMP           |
| 81249  | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence  | Yes                 |     |                   | MMP           |
| 81258  | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant   | Yes                 |     |                   | MMP           |
| 81259  | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence   | Yes                 |     |                   | MMP           |
| 81261  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction) | No                  |     |                   | MMP           |
| 81261  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction) | Yes                 |     |                   | MMP           |
| 81262  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)          | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81262  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)   | Yes                 |     |                   | MMP           |
| 81263  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis   | No                  |     |                   | MMP           |
| 81263  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis   | Yes                 |     |                   | MMP           |
| 81264  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis   | No                  |     |                   | MMP           |
| 81264  | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis   | Yes                 |     |                   | MMP           |
| 81265  | Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells) | No                  |     |                   | MMP           |
| 81265  | Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells) | Yes                 |     |                   | MMP           |
| 81266  | Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 81266  | Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)   | Yes                 |     |                   | MMP           |
| 81267  | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection   | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81267  | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection   | Yes                 |     |                   | MMP           |
| 81268  | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type            | No                  |     |                   | MMP           |
| 81268  | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type            | Yes                 |     |                   | MMP           |
| 81269  | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants   | Yes                 |     |                   | MMP           |
| 81270  | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant   | No                  |     |                   | MMP           |
| 81270  | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant   | Yes                 |     |                   | MMP           |
| 81272  | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g. gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (e.g., exons 8, 11, 13,17, 18) | No                  |     |                   | MMP           |
| 81272  | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g. gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (e.g., exons 8, 11, 13,17, 18) | Yes                 |     |                   | MMP           |
| 81273  | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., mastocytosis), gene analysis, D816 variant(s)   | No                  |     |                   | MMP           |
| 81273  | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (e.g., mastocytosis), gene analysis, D816 variant(s)   | Yes                 |     |                   | MMP           |
| 81275  | KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13  | No                  |     |                   | MMP           |
| 81275  | KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13  | Yes                 |     |                   | MMP           |
| 81276  | KRAS (Kirsten rat sarcoma viral oncogene homolog)(e.g. carcinoma) gene analysis; variants in exon 2 (e.g. codons 12 and 13); additional variant(s) (e.g. codon 61, codon 146)  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81276  | KRAS (Kirsten rat sarcoma viral oncogene homolog)(e.g. carcinoma) gene analysis; variants in exon 2 (e.g. codons 12 and 13); additional variant(s) (e.g. codon 61, codon 146)  | Yes                 |     |                   | MMP           |
| 81283  | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant  | Yes                 |     |                   | MMP           |
| 81287  | MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis   | No                  |     |                   | MMP           |
| 81301  | Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed | No                  |     |                   | MMP           |
| 81301  | Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed | Yes                 |     |                   | MMP           |
| 81310  | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants  | No                  |     |                   | MMP           |
| 81310  | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants  | Yes                 |     |                   | MMP           |
| 81311  | NRAS (neuroblastoma RAS viral [v- ras] oncogene homolog) (e.g., colorectal carcinoma), gene analysis, variants in exon 2 (e.g., codons 12 and 13) and exon 3 (e.g., codon 61)  | No                  |     |                   | MMP           |
| 81311  | NRAS (neuroblastoma RAS viral [v- ras] oncogene homolog) (e.g., colorectal carcinoma), gene analysis, variants in exon 2 (e.g., codons 12 and 13) and exon 3 (e.g., codon 61)  | Yes                 |     |                   | MMP           |
| 81314  | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide)(e.g., gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (e.g., exons 12, 18)   | No                  |     |                   | MMP           |
| 81314  | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide)(e.g., gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (e.g., exons 12, 18)   | Yes                 |     |                   | MMP           |
| 81315  | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative                     | No                  |     |                   | MMP           |
| 81315  | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative                     | Yes                 |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81316  | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative | No                  |     |                   | MMP           |
| 81316  | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative | Yes                 |     |                   | MMP           |
| 81328  | SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)   | Yes                 |     |                   | MMP           |
| 81334  | RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)                     | Yes                 |     |                   | MMP           |
| 81335  | TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)   | Yes                 |     |                   | MMP           |
| 81340  | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)                 | No                  |     |                   | MMP           |
| 81340  | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)                 | Yes                 |     |                   | MMP           |
| 81341  | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)                              | No                  |     |                   | MMP           |
| 81341  | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)                              | Yes                 |     |                   | MMP           |
| 81342  | TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)   | No                  |     |                   | MMP           |
| 81342  | TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)   | Yes                 |     |                   | MMP           |
| 81346  | TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)  | Yes                 |     |                   | MMP           |
| 81361  | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81362  | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)  | Yes                 |     |                   | MMP           |
| 81363  | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)  | Yes                 |     |                   | MMP           |
| 81364  | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence   | Yes                 |     |                   | MMP           |
| 81370  | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1  | Yes                 |     |                   | MMP           |
| 81371  | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1/3/4/5 (eg, verification typing)   | Yes                 |     |                   | MMP           |
| 81372  | HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)  | Yes                 |     |                   | MMP           |
| 81373  | HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each  | Yes                 |     |                   | MMP           |
| 81374  | HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each   | Yes                 |     |                   | MMP           |
| 81375  | HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1   | Yes                 |     |                   | MMP           |
| 81376  | HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1/3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each  | Yes                 |     |                   | MMP           |
| 81377  | HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each   | Yes                 |     |                   | MMP           |
| 81378  | HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1   | Yes                 |     |                   | MMP           |
| 81379  | HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)  | Yes                 |     |                   | MMP           |
| 81380  | HLA Class I typing, high resolution (ie, alleles or allele groups); 1 locus (eg, HLA-A, -B, or -C), each  | Yes                 |     |                   | MMP           |
| 81381  | HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each   | Yes                 |     |                   | MMP           |
| 81382  | HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -DQA1, -DPB1, or -DPA1), each   | Yes                 |     |                   | MMP           |
| 81383  | HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each   | Yes                 |     |                   | MMP           |
| 81445  | Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81448  | Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)  | Yes                 |     |                   | MMP           |
| 81455  | Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed | No                  |     |                   | MMP           |
| 81490  | Autoimmune (rheumatoid arthritis), analysis of 12 biomarks using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score   | Yes                 |     |                   | MMP           |
| 81519  | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score   | No                  |     |                   | MMP           |
| 81519  | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score   | Yes                 |     |                   | MMP           |
| 81520  | Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score   | Yes                 |     |                   | MMP           |
| 81521  | Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis  | Yes                 |     |                   | MMP           |
| 81525  | Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score   | Yes                 |     |                   | MMP           |
| 81535  | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination   | Yes                 |     |                   | MMP           |
| 81536  | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination; each additional single drug or drug combination (List separately in addition to code for primary procedure)  | Yes                 |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 81538  | Oncology (lung), mass spectrometric 8- protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival   | Yes                 |     |                   | MMP           |
| 81539  | Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score                | Yes                 |     |                   | MMP           |
| 81541  | Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score    | Yes                 |     |                   | MMP           |
| 81551  | Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy | Yes                 |     |                   | MMP           |
| 82664  | Electrophoretic technique, not elsewhere specified  | Yes                 |     |                   | MMP           |
| 82777  | Galectin-3  | Yes                 |     |                   | MMP           |
| 83992  | Phencyclidine (PCP)   | No                  |     |                   | MMP           |
| 84999  | Unlisted chemistry procedure  | Yes                 |     |                   | MMP           |
| 85060  | Blood smear, peripheral, interpretation by physician with written report  | No                  |     |                   | MMP           |
| 85097  | Bone marrow, smear interpretation   | No                  |     |                   | MMP           |
| 85396  | Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot  | No                  |     |                   | MMP           |
| 85999  | UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE   | Yes                 |     |                   | MMP           |
| 86077  | Blood bank physician services; difficult cross match and/or evaluation  | No                  |     |                   | MMP           |
| 86078  | Blood bank physician services; investigation of transfusion reaction  | No                  |     |                   | MMP           |
| 86079  | Blood bank physician services; authorization for deviation from standard  | No                  |     |                   | MMP           |
| 86294  | IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE IR SEMIQUANTITATIVE (eg,   | Yes                 |     |                   | MMP           |
| 86300  | IMMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE; CA 15-3 (27.29)   | Yes                 |     |                   | MMP           |
| 86304  | IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125   | Yes                 |     |                   | MMP           |
| 86316  | IMMUNOASSAY FOR TUMOR ANTIGEN (EG, CANCER ANTIGEN 125), EACH  | Yes                 |     |                   | MMP           |
| 86386  | Nuclear Matrix Protein 22 (NMP22), qualitative  | Yes                 |     |                   | MMP           |
| 86485  | Skin test; candida  | No                  |     |                   | MMP           |
| 86486  | SKIN TEST; UNLISTED ANTIGEN, EACH   | No                  |     |                   | MMP           |
| 86510  | Skin test; histoplasmosis   | No                  |     |                   | MMP           |
| 86711  | Antibody; JC (John Cunningham) virus  | No                  |     |                   | MMP           |
| 86828  | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens            | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 86830  | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I  | No                  |     |                   | MMP           |
| 86831  | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II | No                  |     |                   | MMP           |
| 86849  | UNLISTED IMMUNOLOGY PROCEDURE   | Yes                 |     |                   | MMP           |
| 86850  | Antibody screen, RBC, each serum technique  | No                  |     |                   | MMP           |
| 86860  | Antibody elution (RBC), each elution  | No                  |     |                   | MMP           |
| 86870  | Antibody identification, RBC antibodies, each panel for each serum  | No                  |     |                   | MMP           |
| 86890  | AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED  | No                  |     |                   | MMP           |
| 86891  | Autologous blood or component, collection processing and storage; intra-  | No                  |     |                   | MMP           |
| 86910  | BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN   | Not Covered         |     |                   | MMP           |
| 86911  | BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL ANTIGEN SYSTEM   | Not Covered         |     |                   | MMP           |
| 86920  | Compatibility test each unit; immediate spin technique  | No                  |     |                   | MMP           |
| 86921  | Compatibility test each unit; incubation technique  | No                  |     |                   | MMP           |
| 86922  | Compatibility test each unit; antiglobulin technique  | No                  |     |                   | MMP           |
| 86923  | Compatibility test, electric  | No                  |     |                   | MMP           |
| 86927  | Fresh frozen plasma, thawing, each unit   | No                  |     |                   | MMP           |
| 86930  | Frozen blood, each unit; freezing (includes preparation)  | No                  |     |                   | MMP           |
| 86931  | Frozen blood, each unit; thawing  | No                  |     |                   | MMP           |
| 86932  | Frozen blood, each unit; freezing (includes preparation) and thawing  | No                  |     |                   | MMP           |
| 86945  | Irradiation of blood product, each unit   | No                  |     |                   | MMP           |
| 86950  | Leukocyte transfusion   | No                  |     |                   | MMP           |
| 86960  | Vol reduction of blood/prod   | No                  |     |                   | MMP           |
| 86965  | Pooling of platelets or other blood products  | No                  |     |                   | MMP           |
| 86970  | Pretreatment of RBCs for use in RBC antibody detection, identification,   | No                  |     |                   | MMP           |
| 86971  | Pretreatment of RBCs for use in RBC antibody detection, identification,   | No                  |     |                   | MMP           |
| 86972  | Pretreatment of RBCs for use in RBC antibody detection, identification,   | No                  |     |                   | MMP           |
| 86975  | Pretreatment of serum for use in RBC antibody identification; incubation  | No                  |     |                   | MMP           |
| 86976  | Pretreatment of serum for use in RBC antibody identification; by  | No                  |     |                   | MMP           |
| 86977  | Pretreatment of serum for use in RBC antibody identification; incubation  | No                  |     |                   | MMP           |
| 86978  | Pretreatment of serum for use in RBC antibody identification; by  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 86985  | Splitting of blood or blood products, each unit  | No                  |     |                   | MMP           |
| 86999  | UNLISTED TRANSFUSION MEDICINE PROCEDURE  | Yes                 |     |                   | MMP           |
| 87483  | Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets | No                  |     |                   | MMP           |
| 87520  | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT PROBE TECHNIQUE   | Yes                 |     |                   | MMP           |
| 87910  | Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus   | No                  |     |                   | MMP           |
| 87912  | Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus   | No                  |     |                   | MMP           |
| 87999  | UNLISTED MICROBIOLOGY PROCEDURE  | Yes                 |     |                   | MMP           |
| 88000  | NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS  | Not Covered         |     |                   | MMP           |
| 88005  | NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN   | Not Covered         |     |                   | MMP           |
| 88007  | NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND SPINAL CORD   | Not Covered         |     |                   | MMP           |
| 88012  | NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAIN  | Not Covered         |     |                   | MMP           |
| 88014  | NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN  | Not Covered         |     |                   | MMP           |
| 88016  | NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN  | Not Covered         |     |                   | MMP           |
| 88020  | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS   | Not Covered         |     |                   | MMP           |
| 88025  | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN  | Not Covered         |     |                   | MMP           |
| 88027  | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SPINAL CORD  | Not Covered         |     |                   | MMP           |
| 88028  | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN   | Not Covered         |     |                   | MMP           |
| 88029  | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN   | Not Covered         |     |                   | MMP           |
| 88036  | NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; REGIONAL  | Not Covered         |     |                   | MMP           |
| 88037  | NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; SINGLE ORGAN  | Not Covered         |     |                   | MMP           |
| 88040  | NECROPSY (AUTOPSY); FORENSIC EXAMINATION   | Not Covered         |     |                   | MMP           |
| 88045  | NECROPSY (AUTOPSY); CORONER'S CALL   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 88099  | UNLISTED NECROPSY (AUTOPSY) PROCEDURE   | Not Covered         |     |                   | MMP           |
| 88104  | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION  | No                  |     |                   | MMP           |
| 88106  | Cytopathology, fluids, washings or brushings, except cervical or  | No                  |     |                   | MMP           |
| 88108  | Cytopathology, concentration technique, smears and interpretation (eg,  | No                  |     |                   | MMP           |
| 88112  | Cytopathology, selective cellular enhancement technique with  | No                  |     |                   | MMP           |
| 88120  | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual                             | Yes                 |     |                   | MMP           |
| 88121  | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology | Yes                 |     |                   | MMP           |
| 88125  | Cytopathology, forensic (eg, sperm)   | No                  |     |                   | MMP           |
| 88141  | Cytopathology, cervical or vaginal (any reporting system), requiring  | No                  |     |                   | MMP           |
| 88160  | Cytopathology, smears, any other source; screening and interpretation   | No                  |     |                   | MMP           |
| 88161  | Cytopathology, smears, any other source; preparation, screening and   | No                  |     |                   | MMP           |
| 88162  | Cytopathology, smears, any other source; extended study involving over  | No                  |     |                   | MMP           |
| 88172  | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site                  | No                  |     |                   | MMP           |
| 88173  | Cytopathology, evaluation of fine needle aspirate; interpretation and   | No                  |     |                   | MMP           |
| 88182  | FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS  | No                  |     |                   | MMP           |
| 88184  | Flow cytometry, cell surface, cytoplasmic, or nuclear marker,   | No                  |     |                   | MMP           |
| 88185  | Flow cytometry, cell surface, cytoplasmic, or nuclear marker,   | No                  |     |                   | MMP           |
| 88187  | Flow cytometry, interpretation; 2 to 8 markers  | No                  |     |                   | MMP           |
| 88188  | Flow cytometry, interpretation; 9 to 15 markers   | No                  |     |                   | MMP           |
| 88189  | Flow cytometry, interpretation; 16 or more markers  | No                  |     |                   | MMP           |
| 88199  | UNLISTED CYTOPATHOLOGY PROCEDURE  | Yes                 |     |                   | MMP           |
| 88299  | UNLISTED CYTOGENETIC STUDY  | Yes                 |     |                   | MMP           |
| 88300  | Level I - Surgical pathology, gross examination only  | No                  |     |                   | MMP           |
| 88302  | Level II - Surgical pathology, gross and microscopic examination  | No                  |     |                   | MMP           |
| 88304  | Level III - Surgical pathology, gross and microscopic examination   | No                  |     |                   | MMP           |
| 88305  | LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION  | No                  |     |                   | MMP           |
| 88307  | Level V - Surgical pathology, gross and microscopic examination   | No                  |     |                   | MMP           |
| 88309  | Level VI - Surgical pathology, gross and microscopic examination  | No                  |     |                   | MMP           |
| 88311  | Decalcification procedure (List separately in addition to code for surgical   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 88312  | Special stains (List separately in addition to code for primary)   | No                  |     |                   | MMP           |
| 88313  | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER, (EG, IRON, TRICHROME   | No                  |     |                   | MMP           |
| 88314  | Special stains (List separately in addition to code for primary)   | No                  |     |                   | MMP           |
| 88319  | Determinative histochemistry or cytochemistry to identify enzyme   | No                  |     |                   | MMP           |
| 88321  | Consultation and report on referred slides prepared elsewhere  | No                  |     |                   | MMP           |
| 88323  | Consultation and report on referred material requiring preparation of  | No                  |     |                   | MMP           |
| 88325  | Consultation, comprehensive, with review of records and specimens, with  | No                  |     |                   | MMP           |
| 88329  | Pathology consultation during surgery;   | No                  |     |                   | MMP           |
| 88331  | Pathology consultation during surgery; first tissue block, with frozen   | No                  |     |                   | MMP           |
| 88332  | Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)                       | No                  |     |                   | MMP           |
| 88333  | Intraop cyto path consult, 1   | No                  |     |                   | MMP           |
| 88334  | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 88341  | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)       | No                  |     |                   | MMP           |
| 88342  | IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY   | No                  |     |                   | MMP           |
| 88344  | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure   | No                  |     |                   | MMP           |
| 88346  | Immunofluorescent study, each antibody; direct method  | No                  |     |                   | MMP           |
| 88348  | Electron microscopy; diagnostic  | No                  |     |                   | MMP           |
| 88350  | Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)                                | No                  |     |                   | MMP           |
| 88355  | Morphometric analysis; skeletal muscle   | No                  |     |                   | MMP           |
| 88356  | Morphometric analysis; nerve   | No                  |     |                   | MMP           |
| 88358  | TUMOR (EG, DNA PLOIDY)   | No                  |     |                   | MMP           |
| 88360  | MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (eg, Her-  | No                  |     |                   | MMP           |
| 88361  | MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (eg, Her-2/neu,  | No                  |     |                   | MMP           |
| 88362  | Nerve teasing preparations   | No                  |     |                   | MMP           |
| 88363  | Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)                                   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 88364  | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 88365  | TISSUE IN SITU HYBRIDIZATION (EG FISH), EACH PROBE   | No                  |     |                   | MMP           |
| 88366  | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure   | No                  |     |                   | MMP           |
| 88367  | MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (quantitative or   | No                  |     |                   | MMP           |
| 88368  | MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (quantitative or   | No                  |     |                   | MMP           |
| 88369  | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 88380  | Microdissection (eg, mechanical, laser capture)  | No                  |     |                   | MMP           |
| 88381  | MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL  | No                  |     |                   | MMP           |
| 88387  | MACROSCOPIC EXAM, DISSECTION, & PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; EACH TISSUE PREPARATION  | No                  |     |                   | MMP           |
| 88388  | MACROSCOPIC EXAM, DISSECTION, & PREP OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; IN CONJUNCTION W/TOUCH IMPRINT, INTRAOP CON   | No                  |     |                   | MMP           |
| 88399  | UNLISTED SURGICAL PATHOLOGY PROCEDURE  | No                  |     |                   | MMP           |
| 88400  | BILRUBIN, TOTAL, TRANSCUTANEOUS  | No                  |     |                   | MMP           |
| 88749  | Unlisted in vivo (eg, transcutaneous) laboratory service   | No                  |     |                   | MMP           |
| 89049  | Chct for mal hyperthermia  | No                  |     |                   | MMP           |
| 89220  | Sputum, obtaining specimen, aerosol induced technique (separate  | No                  |     |                   | MMP           |
| 89230  | Sweat collection by iontophoresis  | No                  |     |                   | MMP           |
| 89240  | UNLISTED MISCELLANEOUS PATHOLOGY TEST  | Yes                 |     |                   | MMP           |
| 89250  | CULTURE OF OOCYTE(S);/EMBRYO(S), LESS THAN 4 DAYS;   | Not Covered         |     |                   | MMP           |
| 89251  | CULTURE AND FERTILIZATION OF OOCYTE(S); WITH CO-CULTURE OF EMBRYOS   | Not Covered         |     |                   | MMP           |
| 89253  | ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)   | Not Covered         |     |                   | MMP           |
| 89254  | OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID  | Not Covered         |     |                   | MMP           |
| 89255  | PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)  | Not Covered         |     |                   | MMP           |
| 89257  | SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)  | No                  |     |                   | MMP           |
| 89258  | CRYOPRESERVATION; EMBRYO   | Not Covered         |     |                   | MMP           |
| 89259  | CRYOPRESERVATION, SPERM  | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 89260  | SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS                        | No                  |                       |                   | MMP           |
| 89261  | SPERM ISOLATION; COMPLEX PREP (EG, PER COL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS           | No                  |                       |                   | MMP           |
| 89264  | SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED  | Not Covered         |                       |                   | MMP           |
| 89268  | INSEMINATION OF OOCYTES  | Not Covered         |                       |                   | MMP           |
| 89272  | EXTENDED CULTURE OF OOCYTE(S)/EMPRYO(S), 4-7 DAYS  | Not Covered         |                       |                   | MMP           |
| 89280  | ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES  | Not Covered         |                       |                   | MMP           |
| 89281  | ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES   | Not Covered         |                       |                   | MMP           |
| 89290  | BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAG); LESS THAN OR EQUAL TO 5 EMBROY | Not Covered         |                       |                   | MMP           |
| 89291  | BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAG); GREATER THAN 5 EMBRYOS         | Not Covered         |                       |                   | MMP           |
| 89331  | SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY, AND MORPHOLOGY, AS INDICATED)                  | Yes                 |                       |                   | MMP           |
| 89335  | CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR  | Not Covered         |                       |                   | MMP           |
| 89337  | Cryopreservation, mature oocyte(s)   | Not Covered         |                       |                   | MMP           |
| 89342  | STORAGE/YEAR; EMBRYO(S)  | Not Covered         |                       |                   | MMP           |
| 89343  | STORAGE, (PER YEAR); SPERM/SEMEN   | Not Covered         |                       |                   | MMP           |
| 89344  | STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN   | Not Covered         |                       |                   | MMP           |
| 89346  | STORAGE, (PER YEAR); OOCYTE  | Not Covered         |                       |                   | MMP           |
| 89352  | THAWING OF CRYOPRESERVED; EMBRYO(S)  | Not Covered         |                       |                   | MMP           |
| 89353  | THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT  | Not Covered         |                       |                   | MMP           |
| 89354  | THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN  | Not Covered         |                       |                   | MMP           |
| 89356  | THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT  | Not Covered         |                       |                   | MMP           |
| 89398  | UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE  | Yes                 |                       |                   | MMP           |
| 90281  | IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| 90283  | IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| 90284  | IMMUNE GLOBULIN (SCIg), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH   | No                  |                       |                   | MMP           |
| 90287  | Botulinum antitoxin, equine, any route   | No                  |                       |                   | MMP           |
| 90288  | Botulism immune globulin, human, for intravenous use   | No                  |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 90291  | Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use  | No                  |                       |                   | MMP           |
| 90296  | Diphtheria antitoxin, equine, any route   | No                  |                       |                   | MMP           |
| 90371  | Hepatitis B immune globulin (HBIG), human, for intramuscular use  | No                  |                       |                   | MMP           |
| 90375  | RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE  | No                  |                       |                   | MMP           |
| 90376  | RABIES IMMUNE GLOBULIN (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE   | No                  |                       |                   | MMP           |
| 90378  | RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, FOR INTRAMUSCULAR USE (RSV-IgM) 50 mg (SYNAGIS)  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| 90384  | Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use  | No                  |                       |                   | MMP           |
| 90385  | Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use  | No                  |                       |                   | MMP           |
| 90386  | Rho(D) immune globulin (RhlgIV), human, for intravenous use   | No                  |                       |                   | MMP           |
| 90389  | Tetanus immune globulin (TIg), human, for intramuscular use   | No                  |                       |                   | MMP           |
| 90393  | Vaccinia immune globulin, human, for intramuscular use  | No                  |                       |                   | MMP           |
| 90396  | Varicella-zoster immune globulin, human, for intramuscular use  | No                  |                       |                   | MMP           |
| 90399  | UNLISTED IMMUNE GLOBULIN  | Yes                 |                       |                   | MMP           |
| 90460  | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component   | No                  |                       |                   | MMP           |
| 90461  | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure) | No                  |                       |                   | MMP           |
| 90470  | H1N1 IMMUNIZATION ADMINISTRATION (intramuscular, intranasal), INCLUDING COUNSELING WHEN PERFORMED   | No                  |                       |                   | MMP           |
| 90471  | Immunization administration (includes percutaneous, intradermal,  | No                  |                       |                   | MMP           |
| 90472  | Immunization administration (includes percutaneous, intradermal,  | No                  |                       |                   | MMP           |
| 90473  | Immunization administration by intranasal or oral route; one vaccine  | No                  |                       |                   | MMP           |
| 90474  | Immunization administration by intranasal or oral route; each additional  | No                  |                       |                   | MMP           |
| 90476  | Adenovirus vaccine, type 4, live, for oral use  | No                  |                       |                   | MMP           |
| 90477  | Adenovirus vaccine, type 7, live, for oral use  | No                  |                       |                   | MMP           |
| 90581  | Anthrax vaccine, for subcutaneous use   | No                  |                       |                   | MMP           |
| 90585  | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for  | No                  |                       |                   | MMP           |
| 90586  | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for  | No                  |                       |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90587  | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use   | Not Covered         |     |                   | MMP           |
| 90620  | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use  | No                  |     |                   | MMP           |
| 90621  | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use   | No                  |     |                   | MMP           |
| 90625  | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use  | Yes                 |     |                   | MMP           |
| 90630  | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use   | No                  |     |                   | MMP           |
| 90632  | Hepatitis A vaccine, adult dosage, for intramuscular use  | No                  |     |                   | MMP           |
| 90633  | Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for   | No                  |     |                   | MMP           |
| 90634  | Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for   | No                  |     |                   | MMP           |
| 90636  | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for  | No                  |     |                   | MMP           |
| 90644  | Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use | No                  |     |                   | MMP           |
| 90647  | Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose)  | No                  |     |                   | MMP           |
| 90648  | Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose)  | No                  |     |                   | MMP           |
| 90649  | HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE   | No                  |     |                   | MMP           |
| 90650  | HUMAN PAPILLOMAVIRUS (HPV) VACCINE, TYPE 16 AND 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE (FDA APPROVAL PENDING)   | No                  |     |                   | MMP           |
| 90651  | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use  | No                  |     |                   | MMP           |
| 90654  | Influenza virus vaccine, split virus, preservative-free, for intradermal use  | No                  |     |                   | MMP           |
| 90655  | Influenza virus vaccine, split virus, preservative free, for children   | No                  |     |                   | MMP           |
| 90657  | Influenza virus vaccine, split virus, for children 6-35 months of age,  | No                  |     |                   | MMP           |
| 90658  | Influenza virus vaccine, split virus, for use in individuals 3 years of   | No                  |     |                   | MMP           |
| 90660  | INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE   | No                  |     |                   | MMP           |
| 90661  | INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE   | No                  |     |                   | MMP           |
| 90664  | Influenza virus vaccine, pandemic formulation, live for intranasal use  | Not Covered         |     |                   | MMP           |
| 90666  | Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use  | Not Covered         |     |                   | MMP           |
| 90667  | Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90668  | Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use  | Not Covered         |     |                   | MMP           |
| 90670  | PNEUMOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE   | No                  |     |                   | MMP           |
| 90672  | Influenza virus vaccine, quadrivalent, live, for intranasal use  | No                  |     |                   | MMP           |
| 90673  | Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use  | No                  |     |                   | MMP           |
| 90674  | Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use   | No                  |     |                   | MMP           |
| 90675  | Rabies vaccine, for intramuscular use  | No                  |     |                   | MMP           |
| 90676  | Rabies vaccine, for intradermal use  | No                  |     |                   | MMP           |
| 90680  | Rotavirus vaccine, tetravalent, live, for oral use   | No                  |     |                   | MMP           |
| 90681  | ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE (FDA APPROVAL PENDING)   | No                  |     |                   | MMP           |
| 90682  | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use   | No                  |     |                   | MMP           |
| 90685  | Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use   | No                  |     |                   | MMP           |
| 90690  | TYPHOID VACCINE, LIVE, ORAL  | Not Covered         |     |                   | MMP           |
| 90691  | TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE   | No                  |     |                   | MMP           |
| 90696  | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED (DTaP-IPV), WHEN ADMINISTERED TO CHILDREN 4 YEARS THROUGH 6 YEARS OF AGE, FOR INTRAMUSCULAR USE (FDA APPROVAL PENDING)  | No                  |     |                   | MMP           |
| 90697  | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-HibHepB), for intramuscular use | Not Covered         |     |                   | MMP           |
| 90698  | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS FLU TYPE B, & POLIOVIRUS VACCINE INACTVTD (DTaP-Hib-IPV) FOR IM USE  | No                  |     |                   | MMP           |
| 90700  | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for   | No                  |     |                   | MMP           |
| 90702  | Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals  | No                  |     |                   | MMP           |
| 90707  | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous   | No                  |     |                   | MMP           |
| 90710  | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90713  | Poliovirus vaccine, inactivated, (IPV), for subcutaneous use  | No                  |     |                   | MMP           |
| 90714  | Td vaccine no prsrv >= 7 im   | No                  |     |                   | MMP           |
| 90715  | Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP), for   | No                  |     |                   | MMP           |
| 90716  | Varicella virus vaccine, live, for subcutaneous use   | No                  |     |                   | MMP           |
| 90717  | YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE  | Not Covered         |     |                   | MMP           |
| 90723  | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B,  | No                  |     |                   | MMP           |
| 90732  | Pneumococcal polysaccharide vaccine, 23-valent, adult or  | No                  |     |                   | MMP           |
| 90733  | Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous   | No                  |     |                   | MMP           |
| 90734  | Meningococcal conjugate vaccine, serogroups A, C, Y and W-135   | No                  |     |                   | MMP           |
| 90736  | ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION   | No                  | *   |                   | MMP           |
| 90738  | JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE   | Not Covered         |     |                   | MMP           |
| 90740  | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3   | No                  |     |                   | MMP           |
| 90743  | Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use  | No                  |     |                   | MMP           |
| 90744  | Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for   | No                  |     |                   | MMP           |
| 90746  | Hepatitis B vaccine, adult dosage, for intramuscular use  | No                  |     |                   | MMP           |
| 90747  | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4   | No                  |     |                   | MMP           |
| 90748  | Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for  | No                  |     |                   | MMP           |
| 90749  | UNLISTED VACCINE/TOXOID   | Yes                 |     |                   | MMP           |
| 90750  | Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use   | No                  |     |                   | MMP           |
| 90756  | Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use  | No                  |     |                   | MMP           |
| 90801  | Psychiatric diagnostic interview examination  | Yes                 | *   |                   | MMP           |
| 90862  | Pharmacologic management, including prescription, use, and review of  | Yes                 | *   |                   | MMP           |
| 90863  | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) | Not Covered         |     |                   | MMP           |
| 90870  | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)   | No                  |     |                   | MMP           |
| 90887  | Interpretation or explanation of results of psychiatric, other medical  | Yes                 | *   |                   | MMP           |
| 90899  | UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE   | Not Covered         |     |                   | MMP           |
| 90935  | Hemodialysis procedure with single physician evaluation   | No                  |     |                   | MMP           |
| 90937  | Hemodialysis procedure requiring repeated evaluation(s) with or without   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90940  | Hemodialysis access flow study to determine blood flow in grafts and  | No                  |     |                   | MMP           |
| 90945  | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis,  | No                  |     |                   | MMP           |
| 90947  | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis,  | No                  |     |                   | MMP           |
| 90951  | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician v | No                  |     |                   | MMP           |
| 90952  | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits  | No                  |     |                   | MMP           |
| 90953  | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per | No                  |     |                   | MMP           |
| 90954  | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per  | No                  |     |                   | MMP           |
| 90955  | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month  | No                  |     |                   | MMP           |
| 90956  | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month     | No                  |     |                   | MMP           |
| 90957  | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per | No                  |     |                   | MMP           |
| 90958  | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90959  | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 physician visit per month | No                  |     |                   | MMP           |
| 90960  | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face physician visits per month   | No                  |     |                   | MMP           |
| 90961  | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face physician visits per month   | No                  |     |                   | MMP           |
| 90962  | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month  | No                  |     |                   | MMP           |
| 90963  | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents | No                  |     |                   | MMP           |
| 90964  | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents           | No                  |     |                   | MMP           |
| 90965  | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents          | No                  |     |                   | MMP           |
| 90966  | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older  | No                  |     |                   | MMP           |
| 90967  | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age   | No                  |     |                   | MMP           |
| 90968  | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age   | No                  |     |                   | MMP           |
| 90969  | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age  | No                  |     |                   | MMP           |
| 90970  | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older   | No                  |     |                   | MMP           |
| 90989  | Dialysis training, patient, including helper where applicable, any mode,  | No                  |     |                   | MMP           |
| 90993  | Dialysis training, patient, including helper where applicable, any mode,  | No                  |     |                   | MMP           |
| 90997  | Hemoperfusion (eg, with activated charcoal or resin)  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 90999  | UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT   | No                  |     |                   | MMP           |
| 91010  | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; 2-dimensional data  | No                  |     |                   | MMP           |
| 91013  | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during 2-dimensional data study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 91020  | Gastric motility (manometric) studies  | No                  |     |                   | MMP           |
| 91022  | Duodenal motility study  | No                  |     |                   | MMP           |
| 91030  | Esophagus, acid perfusion (Bernstein) test for esophagitis   | No                  |     |                   | MMP           |
| 91034  | Esophagus, gastroesophageal reflux test; with nasal catheter pH  | No                  |     |                   | MMP           |
| 91035  | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; W/MUCOSAL ATTACHED TELEMTRY ELECTRODE(S) PLACEMENT; RECORDING, ANALYSIS/INTERPRETATION  | No                  |     |                   | MMP           |
| 91037  | Esophageal function test, gastroesophageal reflux test with nasal  | No                  |     |                   | MMP           |
| 91038  | Esophageal function test, gastroesophageal reflux test with nasal  | No                  |     |                   | MMP           |
| 91040  | Esophageal balloon distension provocation study  | No                  |     |                   | MMP           |
| 91065  | Breath hydrogen test (eg, for detection of lactase deficiency), fructose   | No                  |     |                   | MMP           |
| 91110  | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY) ESOPHAGUS THRU ILEUM, W PHYS INTERPRETATION & REPORT  | No                  |     |                   | MMP           |
| 91111  | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH PHYSICIAN INTERP AND REPORT   | No                  |     |                   | MMP           |
| 91112  | Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report   | No                  |     |                   | MMP           |
| 91117  | Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report   | No                  |     |                   | MMP           |
| 91120  | Rectal sensation, tone, and compliance test (ie, response to   | No                  |     |                   | MMP           |
| 91122  | Anorectal manometry  | No                  |     |                   | MMP           |
| 91132  | Electrogastrography, diagnostic, transcutaneous;   | No                  |     |                   | MMP           |
| 91133  | Electrogastrography, diagnostic, transcutaneous; with provocative  | No                  |     |                   | MMP           |
| 91200  | Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 91299  | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE   | Yes                 |     |                   | MMP           |
| 92002  | Ophthalmological services: medical examination and evaluation with   | No                  |     |                   | MMP           |
| 92004  | Ophthalmological services: medical examination and evaluation with   | No                  |     |                   | MMP           |
| 92012  | Ophthalmological services: medical examination and evaluation, with  | No                  |     |                   | MMP           |
| 92014  | Ophthalmological services: medical examination and evaluation, with  | No                  |     |                   | MMP           |
| 92015  | Determination of refractive state  | No                  |     |                   | MMP           |
| 92018  | Ophthalmological examination and evaluation, under general anesthesia,   | No                  |     |                   | MMP           |
| 92019  | Ophthalmological examination and evaluation, under general anesthesia,   | No                  |     |                   | MMP           |
| 92020  | Gonioscopy (separate procedure)  | No                  |     |                   | MMP           |
| 92025  | COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL,  | No                  |     |                   | MMP           |
| 92060  | Sensorimotor examination with multiple measurements of ocular deviation  | No                  |     |                   | MMP           |
| 92065  | ORTHOPTIC AND/OR PLEOPTIC TRAINING, W/CONTINUING MEDICAL DIRECTION & EVAL  | Yes                 |     |                   | MMP           |
| 92071  | Fitting of contact lens for treatment of ocular surface disease  | No                  | *   |                   | MMP           |
| 92072  | Fitting of contact lens for management of keratoconus, initial fitting   | No                  | *   |                   | MMP           |
| 92081  | Visual field examination, unilateral or bilateral, with interpretation   | No                  |     |                   | MMP           |
| 92082  | Visual field examination, unilateral or bilateral, with interpretation   | No                  |     |                   | MMP           |
| 92083  | Visual field examination, unilateral or bilateral, with interpretation   | No                  |     |                   | MMP           |
| 92100  | Serial tonometry (separate procedure) with multiple measurements of  | No                  |     |                   | MMP           |
| 92132  | Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral   | Not Covered         |     |                   | MMP           |
| 92133  | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve                               | No                  |     |                   | MMP           |
| 92134  | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina                                    | No                  |     |                   | MMP           |
| 92136  | Ophthalmic biometry by partial coherence interferometry with intraocular   | No                  |     |                   | MMP           |
| 92145  | Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report  | No                  |     |                   | MMP           |
| 92225  | Ophthalmoscopy, extended, with retinal drawing (eg, for retinal  | No                  |     |                   | MMP           |
| 92226  | Ophthalmoscopy, extended, with retinal drawing (eg, for retinal  | No                  |     |                   | MMP           |
| 92227  | Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92228  | Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral             | No                  |     |                   | MMP           |
| 92230  | Fluorescein angiography with interpretation and report  | No                  |     |                   | MMP           |
| 92235  | Fluorescein angiography (includes multiframe imaging) with interpretation   | No                  |     |                   | MMP           |
| 92240  | Indocyanine-green angiography (includes multiframe imaging) with  | No                  |     |                   | MMP           |
| 92242  | Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral | No                  |     |                   | MMP           |
| 92250  | Fundus photography with interpretation and report   | No                  |     |                   | MMP           |
| 92260  | Ophthalmodynamometry  | No                  |     |                   | MMP           |
| 92265  | Needle oculoelectromyography, one or more extraocular muscles, one or   | No                  |     |                   | MMP           |
| 92270  | Electro-oculography with interpretation and report  | No                  |     |                   | MMP           |
| 92275  | Electroretinography with interpretation and report  | No                  |     |                   | MMP           |
| 92283  | Color vision examination, extended, eg, anomaloscope or equivalent  | No                  |     |                   | MMP           |
| 92284  | Dark adaptation examination with interpretation and report  | No                  |     |                   | MMP           |
| 92285  | External ocular photography with interpretation and report for  | No                  |     |                   | MMP           |
| 92286  | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY W/ INTERPRETATION AND REPORT   | No                  |     |                   | MMP           |
| 92287  | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY W/ INTERPRETATION AND REPORT W/FLUORESCEIN ANGIOGRAPHY   | No                  |     |                   | MMP           |
| 92310  | Prescription of optical and physical characteristics of and fitting of  | Not Covered         | *   |                   | MMP           |
| 92311  | Prescription of optical and physical characteristics of and fitting of  | No                  | *   |                   | MMP           |
| 92312  | Prescription of optical and physical characteristics of and fitting of  | No                  | *   |                   | MMP           |
| 92313  | Prescription of optical and physical characteristics of and fitting of  | No                  | *   |                   | MMP           |
| 92314  | Prescription of optical and physical characteristics of contact lens,   | Not Covered         | *   |                   | MMP           |
| 92315  | Prescription of optical and physical characteristics of contact lens,   | No                  | *   |                   | MMP           |
| 92316  | Prescription of optical and physical characteristics of contact lens,   | No                  | *   |                   | MMP           |
| 92317  | Prescription of optical and physical characteristics of contact lens,   | No                  | *   |                   | MMP           |
| 92325  | MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION   | No                  |     |                   | MMP           |
| 92326  | REPLACEMENT OF CONTACT LENS   | No                  |     |                   | MMP           |
| 92340  | Fitting of spectacles, except for aphakia; monofocal  | Not Covered         |     |                   | MMP           |
| 92341  | Fitting of spectacles, except for aphakia; bifocal  | Not Covered         |     |                   | MMP           |
| 92342  | Fitting of spectacles, except for aphakia; multifocal, other than   | Not Covered         |     |                   | MMP           |
| 92352  | Fitting of spectacle prosthesis for aphakia; monofocal  | Not Covered         |     |                   | MMP           |
| 92353  | Fitting of spectacle prosthesis for aphakia; multifocal   | Not Covered         |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92354  | FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM  | Not Covered         |     |                   | MMP           |
| 92355  | FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM   | Not Covered         |     |                   | MMP           |
| 92358  | PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)   | No                  |     |                   | MMP           |
| 92370  | REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA   | Not Covered         |     |                   | MMP           |
| 92371  | REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA   | Not Covered         |     |                   | MMP           |
| 92499  | UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE  | Yes                 |     |                   | MMP           |
| 92502  | Otolaryngologic examination under general anesthesia  | No                  |     |                   | MMP           |
| 92504  | Binocular microscopy (separate diagnostic procedure)  | No                  |     |                   | MMP           |
| 92507  | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER  | Yes                 | *   |                   | MMP           |
| 92508  | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP, T  | Yes                 | -   |                   | MMP           |
| 92511  | Nasopharyngoscopy with endoscope (separate procedure)   | No                  |     |                   | MMP           |
| 92516  | Facial nerve function studies (eg, electroneuronography)  | No                  |     |                   | MMP           |
| 92520  | Laryngeal function studies  | No                  |     |                   | MMP           |
| 92521  | Evaluation of speech fluency (eg, stuttering, cluttering)   | Yes                 |     |                   | MMP           |
| 92522  | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);  | Yes                 |     |                   | MMP           |
| 92523  | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) | Yes                 |     |                   | MMP           |
| 92524  | Behavioral and qualitative analysis of voice and resonance  | Yes                 |     |                   | MMP           |
| 92526  | Treatment of swallowing dysfunction and/or oral function for feeding  | Yes                 |     |                   | MMP           |
| 92531  | Spontaneous nystagmus, including gaze   | No                  |     |                   | MMP           |
| 92532  | Positional nystagmus test   | No                  |     |                   | MMP           |
| 92533  | Caloric vestibular test, each irrigation (binaural, bithermal)  | No                  |     |                   | MMP           |
| 92534  | Optokinetic nystagmus test  | No                  |     |                   | MMP           |
| 92537  | Caloric vestibular test with recording, bilateral; bithermal (i.e., one warm and one cool irrigation in each ear for a total of four irrigations)   | No                  |     |                   | MMP           |
| 92538  | Caloric vestibular test with recording, bilateral; monothermal (i.e., one irrigation in each ear for a total of two irrigations)  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92540  | BASIC VESTIBULAR EVAL, INCL SPONTANEOUS NYSTAGMUS TEST W/ECCENTRIC GAZE FIXATION NYSTAGMUS, W/REC, POSITIONAL NYST. TEST, MIN 4 PO                    | No                  |     |                   | MMP           |
| 92541  | SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING   | No                  |     |                   | MMP           |
| 92542  | POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING   | No                  |     |                   | MMP           |
| 92544  | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING   | No                  |     |                   | MMP           |
| 92545  | OSCILLATING TRACKING TEST, WITH RECORDING   | No                  |     |                   | MMP           |
| 92546  | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING   | No                  |     |                   | MMP           |
| 92547  | USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | No                  |     |                   | MMP           |
| 92548  | COMPUTERIZED DYNAMIC POSTUROGRAPHY  | No                  |     |                   | MMP           |
| 92550  | TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS  | No                  |     |                   | MMP           |
| 92551  | Screening test, pure tone, air only   | No                  |     |                   | MMP           |
| 92552  | Pure tone audiometry (threshold); air only  | No                  |     |                   | MMP           |
| 92553  | Pure tone audiometry (threshold); air and bone  | No                  |     |                   | MMP           |
| 92555  | Speech audiometry threshold;  | No                  |     |                   | MMP           |
| 92556  | Speech audiometry threshold; with speech recognition  | No                  |     |                   | MMP           |
| 92557  | Comprehensive audiometry threshold evaluation and speech recognition  | No                  |     |                   | MMP           |
| 92558  | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis | No                  |     |                   | MMP           |
| 92559  | AUDIOMETRIC TESTING OF GROUPS   | Not Covered         |     |                   | MMP           |
| 92560  | Bekesy audiometry; screening  | No                  |     |                   | MMP           |
| 92561  | Bekesy audiometry; diagnostic   | No                  |     |                   | MMP           |
| 92562  | Loudness balance test, alternate binaural or monaural   | No                  |     |                   | MMP           |
| 92563  | Tone decay test   | No                  |     |                   | MMP           |
| 92564  | Short increment sensitivity index (SISI)  | No                  |     |                   | MMP           |
| 92565  | Stenger test, pure tone   | No                  |     |                   | MMP           |
| 92567  | Tympanometry (impedance testing)  | No                  |     |                   | MMP           |
| 92568  | Acoustic reflex testing   | No                  |     |                   | MMP           |
| 92570  | ACOUSTIC IMMITTANCE TESTING, INCL TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, & ACOUSTIC REFLEX DELAY TE                     | No                  |     |                   | MMP           |
| 92571  | Filtered speech test  | No                  |     |                   | MMP           |
| 92572  | Staggered spondaic word test  | No                  |     |                   | MMP           |
| 92575  | Sensorineural acuity level test   | No                  |     |                   | MMP           |
| 92576  | Synthetic sentence identification test  | No                  |     |                   | MMP           |
| 92577  | Stenger test, speech  | No                  |     |                   | MMP           |
| 92579  | Visual reinforcement audiometry (VRA)   | No                  |     |                   | MMP           |
| 92582  | Conditioning play audiometry  | No                  |     |                   | MMP           |
| 92583  | Select picture audiometry   | No                  |     |                   | MMP           |
| 92584  | Electrocochleography  | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92585  | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM                             | No                  |     |                   | MMP           |
| 92586  | AUDITOR EVOKE POTENT, LIMIT  | No                  |     |                   | MMP           |
| 92587  | Evoked otoacoustic emissions; limited (single stimulus level, either   | No                  |     |                   | MMP           |
| 92588  | Evoked otoacoustic emissions; comprehensive or diagnostic evaluation   | No                  |     |                   | MMP           |
| 92590  | Hearing aid examination and selection; monaural  | Yes                 |     |                   | MMP           |
| 92591  | Hearing aid examination and selection; binaural  | Yes                 |     |                   | MMP           |
| 92592  | Hearing aid check; monaural  | Yes                 |     |                   | MMP           |
| 92593  | Hearing aid check; binaural  | Yes                 |     |                   | MMP           |
| 92594  | Electroacoustic evaluation for hearing aid; monaural   | No                  |     |                   | MMP           |
| 92595  | Electroacoustic evaluation for hearing aid; binaural   | No                  |     |                   | MMP           |
| 92596  | Ear protector attenuation measurements   | No                  |     |                   | MMP           |
| 92597  | Evaluation for use and/or fitting of voice prosthetic device to  | Yes                 |     |                   | MMP           |
| 92601  | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLAT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING   | Yes                 |     |                   | MMP           |
| 92602  | SUBSEQUENT REPROGRAMMING   | Yes                 |     |                   | MMP           |
| 92603  | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING  | Yes                 |     |                   | MMP           |
| 92604  | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 OR OLDER; SUBSEQUENT REPROGRAMMING  | Yes                 |     |                   | MMP           |
| 92605  | EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE                             | Not Covered         |     |                   | MMP           |
| 92606  | THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH- GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION                        | Not Covered         |     |                   | MMP           |
| 92607  | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE W/ THE PT;1ST HR | No                  |     |                   | MMP           |
| 92608  | EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | No                  |     |                   | MMP           |
| 92609  | THERAPEUTIC SERVICES FOR THE USE OF SPEECH- GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION                              | No                  |     |                   | MMP           |
| 92610  | EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION  | Yes                 |     |                   | MMP           |
| 92611  | Motion fluoroscopic evaluation of swallowing function by cine or video   | No                  |     |                   | MMP           |
| 92612  | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video   | No                  |     |                   | MMP           |
| 92613  | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92614  | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by   | No                  |     |                   | MMP           |
| 92615  | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by   | No                  |     |                   | MMP           |
| 92616  | Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal   | No                  |     |                   | MMP           |
| 92617  | Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal   | No                  |     |                   | MMP           |
| 92618  | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 92620  | Evaluation of central auditory function, with report; initial 60  | No                  |     |                   | MMP           |
| 92621  | Evaluation of central auditory function, with report; each  | No                  |     |                   | MMP           |
| 92625  | Assessment of tinnitus (includes pitch, loudness matching, and  | Yes                 |     |                   | MMP           |
| 92626  | EVALUATION OF AUDITORY REHABILITATION STATUS, FIRST HOUR  | Yes                 |     |                   | MMP           |
| 92627  | EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDUR  | Yes                 |     |                   | MMP           |
| 92630  | AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS   | No                  | *   |                   | MMP           |
| 92633  | AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS  | No                  | *   |                   | MMP           |
| 92640  | DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR  | No                  |     |                   | MMP           |
| 92700  | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE  | Yes                 |     |                   | MMP           |
| 92920  | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch  | No                  |     |                   | MMP           |
| 92921  | Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 92924  | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch  | No                  |     |                   | MMP           |
| 92925  | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)                       | No                  |     |                   | MMP           |
| 92928  | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92929  | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 92933  | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch  | No                  |     |                   | MMP           |
| 92934  | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 92937  | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel  | No                  |     |                   | MMP           |
| 92938  | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 92941  | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel   | No                  |     |                   | MMP           |
| 92943  | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel  | No                  |     |                   | MMP           |
| 92944  | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)         | No                  |     |                   | MMP           |
| 92950  | Cardiopulmonary resuscitation (eg, in cardiac arrest)   | No                  |     |                   | MMP           |
| 92953  | Temporary transcutaneous pacing   | No                  |     |                   | MMP           |
| 92960  | Cardioversion, elective, electrical conversion of arrhythmia; external  | No                  |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 92961  | Cardioversion, elective, electrical conversion of arrhythmia; internal  | No                  |     |                   | MMP           |
| 92970  | Cardioassist-method of circulatory assist; internal   | No                  |     |                   | MMP           |
| 92971  | CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL   | No                  |     |                   | MMP           |
| 92973  | Percutaneous transluminal coronary thrombectomy (List separately in   | No                  |     |                   | MMP           |
| 92974  | PLACEMENT OF RADIATION DELIVERY DEVICE FOR CORONARY BRACHYTHERAPY   | No                  |     |                   | MMP           |
| 92975  | Thrombolysis, coronary; by intracoronary infusion, including selective  | No                  |     |                   | MMP           |
| 92977  | Thrombolysis, coronary; by intravenous infusion   | No                  |     |                   | MMP           |
| 92978  | Intravascular ultrasound (coronary vessel or graft) during diagnostic   | No                  |     |                   | MMP           |
| 92979  | Intravascular ultrasound (coronary vessel or graft) during diagnostic   | No                  |     |                   | MMP           |
| 92986  | Percutaneous balloon valvuloplasty; aortic valve  | No                  |     |                   | MMP           |
| 92987  | Percutaneous balloon valvuloplasty; mitral valve  | No                  |     |                   | MMP           |
| 92990  | Percutaneous balloon valvuloplasty; pulmonary valve   | No                  |     |                   | MMP           |
| 92992  | Atrial septectomy or septostomy; transvenous method, balloon (eg,   | No                  |     |                   | MMP           |
| 92993  | Atrial septectomy or septostomy; blade method (Park septostomy)   | No                  |     |                   | MMP           |
| 92997  | Percutaneous transluminal pulmonary artery balloon angioplasty; single  | No                  |     |                   | MMP           |
| 92998  | Percutaneous transluminal pulmonary artery balloon angioplasty; each  | No                  |     |                   | MMP           |
| 93000  | Electrocardiogram, routine ECG with at least 12 leads; with   | No                  |     |                   | MMP           |
| 93005  | Electrocardiogram, routine ECG with at least 12 leads; tracing only,  | No                  |     |                   | MMP           |
| 93010  | Electrocardiogram, routine ECG with at least 12 leads; interpretation   | No                  |     |                   | MMP           |
| 93015  | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; WITH PHYSICIAN SUPERVISION, WITH INTERPRETATION AND REPORT | No                  |     |                   | MMP           |
| 93016  | Cardiovascular stress test using maximal or submaximal treadmill or   | No                  |     |                   | MMP           |
| 93017  | Cardiovascular stress test using maximal or submaximal treadmill or   | No                  |     |                   | MMP           |
| 93018  | Cardiovascular stress test using maximal or submaximal treadmill or   | No                  |     |                   | MMP           |
| 93024  | Ergonovine provocation test   | No                  |     |                   | MMP           |
| 93025  | MICROVOLT T-WAVE ASSESSMENT   | No                  |     |                   | MMP           |
| 93040  | Rhythm ECG, one to three leads; with interpretation and report  | No                  |     |                   | MMP           |
| 93041  | Rhythm ECG, one to three leads; tracing only without interpretation and   | No                  |     |                   | MMP           |
| 93042  | Rhythm ECG, one to three leads; interpretation and report only  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93050  | Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive  | No                  |     |                   | MMP           |
| 93224  | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, physician review and interpretation  | No                  |     |                   | MMP           |
| 93225  | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)   | No                  |     |                   | MMP           |
| 93226  | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report   | No                  |     |                   | MMP           |
| 93227  | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; physician review and interpretation   | No                  |     |                   | MMP           |
| 93228  | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report   | No                  |     |                   | MMP           |
| 93229  | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports | No                  |     |                   | MMP           |
| 93260  | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system  | Yes                 |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93261  | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system                 | No                  |     |                   | MMP           |
| 93268  | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, physician review and interpretation    | No                  |     |                   | MMP           |
| 93270  | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection) | No                  |     |                   | MMP           |
| 93271  | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission download and analysis                            | No                  |     |                   | MMP           |
| 93272  | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; physician review and interpretation                           | No                  |     |                   | MMP           |
| 93279  | Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system  | Yes                 |     |                   | MMP           |
| 93280  | Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead pacemaker system  | Yes                 |     |                   | MMP           |
| 93281  | Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system                                      | Yes                 |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93282  | Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead implantable cardioverter-defibrilla | Yes                 |     |                   | MMP           |
| 93283  | Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead implantable cardioverter-defibrillato | Yes                 |     |                   | MMP           |
| 93284  | Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead implantable cardioverter-defibril | Yes                 |     |                   | MMP           |
| 93285  | Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; implantable loop recorder system                | Yes                 |     |                   | MMP           |
| 93286  | Peri-procedural device evaluation and programming of device system parameters before and after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system  | Yes                 |     |                   | MMP           |
| 93287  | Peri-procedural device evaluation and programming of device system parameters before and after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead implantable cardioverter-defibrillator system           | Yes                 |     |                   | MMP           |
| 93288  | Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system   | No                  |     |                   | MMP           |
| 93289  | Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead cardioverter-defibrillator system, including analysis of heart r | No                  |     |                   | MMP           |
| 93290  | Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93291  | Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis                   | No                  |     |                   | MMP           |
| 93292  | Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; wearable defibrillator system  | No                  |     |                   | MMP           |
| 93293  | Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days  | No                  |     |                   | MMP           |
| 93294  | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead apcemaker system with interim physician analysis, review(s) and report(s)   | No                  |     |                   | MMP           |
| 93295  | Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)   | No                  |     |                   | MMP           |
| 93296  | Interrogation device evaluation(s) (remote), up to 90 days; single, dual or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and   | No                  |     |                   | MMP           |
| 93297  | Interrogation device evaluation(s), (remote), up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiological cardiovascular data elements from all internal and external sensors, physician analysis, review(  | No                  |     |                   | MMP           |
| 93298  | Interrogation device evaluation(s), (remote), up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)   | No                  |     |                   | MMP           |
| 93299  | Interrogation device evaluation(s), (remote), up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of re | No                  |     |                   | MMP           |
| 93303  | Transthoracic echocardiography for congenital cardiac anomalies;   | No                  |     |                   | MMP           |
| 93304  | Transthoracic echocardiography for congenital cardiac anomalies;   | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93306  | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography  | No                  |     |                   | MMP           |
| 93307  | Echocardiography, transthoracic, real-time with image documentation  | No                  |     |                   | MMP           |
| 93308  | Echocardiography, transthoracic, real-time with image documentation  | No                  |     |                   | MMP           |
| 93312  | Echocardiography, transesophageal, real time with image documentation  | No                  |     |                   | MMP           |
| 93313  | Echocardiography, transesophageal, real time with image documentation  | No                  |     |                   | MMP           |
| 93314  | Echocardiography, transesophageal, real time with image documentation  | No                  |     |                   | MMP           |
| 93315  | Transesophageal echocardiography for congenital cardiac anomalies;   | No                  |     |                   | MMP           |
| 93316  | Transesophageal echocardiography for congenital cardiac anomalies;   | No                  |     |                   | MMP           |
| 93317  | Transesophageal echocardiography for congenital cardiac anomalies;   | No                  |     |                   | MMP           |
| 93318  | Echocardiography, transesophageal (TEE) for monitoring purposes,   | No                  |     |                   | MMP           |
| 93320  | Doppler echocardiography, pulsed wave and/or continuous wave with  | No                  |     |                   | MMP           |
| 93321  | Doppler echocardiography, pulsed wave and/or continuous wave with  | No                  |     |                   | MMP           |
| 93325  | Doppler echocardiography color flow velocity mapping (List separately in   | No                  |     |                   | MMP           |
| 93350  | Echocardiography, transthoracic, real-time with image documentation  | No                  |     |                   | MMP           |
| 93351  | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation   | No                  |     |                   | MMP           |
| 93352  | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 93355  | Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D | No                  |     |                   | MMP           |
| 93451  | Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93452  | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed   | No                  |     |                   | MMP           |
| 93453  | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed  | No                  |     |                   | MMP           |
| 93454  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;   | No                  |     |                   | MMP           |
| 93455  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography   | No                  |     |                   | MMP           |
| 93456  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization  | No                  |     |                   | MMP           |
| 93457  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization  | No                  |     |                   | MMP           |
| 93458  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed  | No                  |     |                   | MMP           |
| 93459  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93460  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed  | No                  |     |                   | MMP           |
| 93461  | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | No                  |     |                   | MMP           |
| 93462  | Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 93463  | Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 93464  | Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 93503  | INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN- GANZ) FOR MONITORING PURPOSES  | No                  |     |                   | MMP           |
| 93505  | ENDOMYOCARDIAL BIOPSY   | No                  |     |                   | MMP           |
| 93530  | RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES   | No                  |     |                   | MMP           |
| 93531  | Combined right heart catheterization and retrograde left heart  | No                  |     |                   | MMP           |
| 93532  | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE L  | No                  |     |                   | MMP           |
| 93533  | Combined right heart catheterization and transseptal left heart   | No                  |     |                   | MMP           |
| 93561  | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; WITH CARDIAC OUTPUT   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93562  | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; SUBSEQUENT MEASUREME   | No                  |     |                   | MMP           |
| 93563  | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 93564  | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 93565  | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 93566  | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 93567  | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 93568  | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 93571  | Intravascular Doppler velocity and/or pressure derived coronary flow   | No                  |     |                   | MMP           |
| 93572  | Intravascular Doppler velocity and/or pressure derived coronary flow   | No                  |     |                   | MMP           |
| 93580  | PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE, FONTAN FENESTRATION, ATRAIL SEPTAL DEFECT) W/ PATI   | No                  |     |                   | MMP           |
| 93581  | PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTA DEFECT WITH IMPLANT   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93582  | Percutaneous transcatheter closure of patent ductus arteriosus   | No                  |     |                   | MMP           |
| 93583  | Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed   | No                  |     |                   | MMP           |
| 93590  | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve  | No                  |     |                   | MMP           |
| 93591  | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve  | No                  |     |                   | MMP           |
| 93592  | Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 93600  | Bundle of His recording  | No                  |     |                   | MMP           |
| 93602  | Intra-atrial recording   | No                  |     |                   | MMP           |
| 93603  | Right ventricular recording  | No                  |     |                   | MMP           |
| 93609  | Intraventricular and/or intra-atrial mapping of tachycardia site(s) with   | No                  |     |                   | MMP           |
| 93610  | Intra-atrial pacing  | No                  |     |                   | MMP           |
| 93612  | Intraventricular pacing  | No                  |     |                   | MMP           |
| 93613  | Intracardiac electrophysiologic 3-dimensional mapping (List separately)  | No                  |     |                   | MMP           |
| 93615  | Esophageal recording of atrial electrogram with or without ventricular   | No                  |     |                   | MMP           |
| 93616  | Esophageal recording of atrial electrogram with or without ventricular   | No                  |     |                   | MMP           |
| 93618  | Induction of arrhythmia by electrical pacing   | No                  |     |                   | MMP           |
| 93619  | Comprehensive electrophysiologic evaluation with right atrial pacing and   | No                  |     |                   | MMP           |
| 93620  | Comprehensive electrophysiologic evaluation including insertion and  | No                  |     |                   | MMP           |
| 93621  | Comprehensive electrophysiologic evaluation including insertion and  | Yes                 |     |                   | MMP           |
| 93622  | Comprehensive electrophysiologic evaluation including insertion and  | No                  |     |                   | MMP           |
| 93623  | Programmed stimulation and pacing after intravenous drug infusion (List  | No                  |     |                   | MMP           |
| 93624  | Electrophysiologic follow-up study with pacing and recording to test   | No                  |     |                   | MMP           |
| 93631  | Intra-operative epicardial and endocardial pacing and mapping to   | No                  |     |                   | MMP           |
| 93640  | Electrophysiologic evaluation of single or dual chamber pacing   | No                  |     |                   | MMP           |
| 93641  | Electrophysiologic evaluation of single or dual chamber pacing   | No                  |     |                   | MMP           |
| 93642  | Electrophysiologic evaluation of single or dual chamber pacing   | No                  |     |                   | MMP           |
| 93644  | Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) | No                  |     |                   | MMP           |
| 93650  | Intracardiac catheter ablation of atrioventricular node function,  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93653  | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry | No                  |     |                   | MMP           |
| 93654  | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed                     | No                  |     |                   | MMP           |
| 93655  | Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 93656  | Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation   | No                  |     |                   | MMP           |
| 93657  | Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 93660  | EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE M   | No                  |     |                   | MMP           |
| 93662  | Intracardiac echocardiography during therapeutic/diagnostic  | No                  |     |                   | MMP           |
| 93668  | Peripheral arterial disease (PAD) rehabilitation, per session  | No                  |     |                   | MMP           |
| 93701  | Bioimpedance, thoracic, electrical   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93702  | Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)  | No                  |     |                   | MMP           |
| 93724  | Electronic analysis of antitachycardia pacemaker system (includes   | No                  |     |                   | MMP           |
| 93740  | Temperature gradient studies  | Not Covered         |     |                   | MMP           |
| 93745  | INITIAL SET-UP/PROGRAMMING BY DR OF WEARABLE CARDIOVERTER-DEFIBRILLATOR, INCL INITIAL PROGRAM, BASE LINE ECG, DATA TRANSMISSION   | Yes                 |     |                   | MMP           |
| 93750  | INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, W/PHYS ANALYSIS OF DVC PARAMETERS, RVW OF DEVICE FUNCTION, W/PROGRAM   | No                  |     |                   | MMP           |
| 93770  | Determination of venous pressure  | No                  |     |                   | MMP           |
| 93784  | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR LONGER; INCLU  | No                  |     |                   | MMP           |
| 93786  | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR LONGER; RECOR  | No                  |     |                   | MMP           |
| 93788  | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR LONGER; SCANN  | No                  |     |                   | MMP           |
| 93790  | AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR LONGER; PHYSI  | No                  |     |                   | MMP           |
| 93792  | Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results | No                  |     |                   | MMP           |
| 93793  | Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed  | No                  |     |                   | MMP           |
| 93797  | CARDIAC REHABILITATION  | Yes                 |     |                   | MMP           |
| 93798  | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)  | Yes                 |     |                   | MMP           |
| 93799  | UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE  | Yes                 |     |                   | MMP           |
| 93880  | Duplex scan of extracranial arteries; complete bilateral study  | No                  |     |                   | MMP           |
| 93882  | Duplex scan of extracranial arteries; unilateral or limited study   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93886  | Transcranial Doppler study of the intracranial arteries; complete study   | No                  |     |                   | MMP           |
| 93888  | Transcranial Doppler study of the intracranial arteries; limited study  | No                  |     |                   | MMP           |
| 93890  | Transcranial Doppler study of the intracranial arteries;  | No                  |     |                   | MMP           |
| 93892  | Transcranial Doppler study of the intracranial arteries; emboli   | No                  |     |                   | MMP           |
| 93893  | Transcranial Doppler study of the intracranial arteries; emboli   | No                  |     |                   | MMP           |
| 93895  | Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral  | Not Covered         |     |                   | MMP           |
| 93922  | Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)   | No                  |     |                   | MMP           |
| 93923  | Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia) | No                  |     |                   | MMP           |
| 93924  | Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 93925  | Duplex scan of lower extremity arteries or arterial bypass grafts; bilateral   | No                  |     |                   | MMP           |
| 93926  | Duplex scan of lower extremity arteries or arterial bypass grafts;   | No                  |     |                   | MMP           |
| 93930  | Duplex scan of upper extremity arteries or arterial bypass grafts;   | No                  |     |                   | MMP           |
| 93931  | Duplex scan of upper extremity arteries or arterial bypass grafts;   | No                  |     |                   | MMP           |
| 93970  | Duplex scan of extremity veins including responses to compression and  | No                  |     |                   | MMP           |
| 93971  | Duplex scan of extremity veins including responses to compression and  | No                  |     |                   | MMP           |
| 93975  | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic,  | No                  |     |                   | MMP           |
| 93976  | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic,  | No                  |     |                   | MMP           |
| 93978  | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass   | No                  |     |                   | MMP           |
| 93979  | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass   | No                  |     |                   | MMP           |
| 93980  | Duplex scan of arterial inflow and venous outflow of penile vessels;   | No                  |     |                   | MMP           |
| 93981  | Duplex scan of arterial inflow and venous outflow of penile vessels; follow-   | No                  |     |                   | MMP           |
| 93990  | Duplex scan of hemodialysis access (including arterial inflow, body of   | No                  |     |                   | MMP           |
| 93998  | Unlisted noninvasive vascular diagnostic study   | Yes                 |     |                   | MMP           |
| 94002  | VENTILATION ASSIST & MGMT, INITIATION OF PRESSURE OR VOLUME PRESET VENTS FOR ASSISTED OR CONTROLLED BREATHING; HOSP INPT/OBS, INIT | No                  |     |                   | MMP           |
| 94003  | VENTILATION ASSIST & MGMT, INITIAL PRESSURE OR VOLUME PRESET VENTS FOR ASSISTED OR CNTRLD BREATHING; HOSP INPT/OBS, EA SUBSEQ DAY  | No                  |     |                   | MMP           |
| 94004  | VENTILATION ASSIST & MGMT, INITIATION OF PRESSURE OR VOLUME PRESET VENTS FOR ASSISTED OR CONTROLLED BREATHING; NURSING FAC PER DAY | No                  |     |                   | MMP           |
| 94005  | HOME VENTILATOR MGMT CARE PLAN OVERSIGHT IN HOME/DOMICILIARY/REST HOME, REQ STATUS/LAB/STUDIES RVW, & ORDER REV, 30 MIN> PER MONTH | No                  |     |                   | MMP           |
| 94010  | Spirometry, including graphic record, total and timed vital capacity,  | No                  |     |                   | MMP           |
| 94011  | MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE                                    | No                  |     |                   | MMP           |
| 94012  | MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE  | No                  |     |                   | MMP           |
| 94013  | MEASUREMENT OF LUNG VOLUMES (IE, (FRC), (FVP), & (ERV)) IN INFANT OR CHILD THROUGH 2 YEARS OF AGE                                  | No                  |     |                   | MMP           |
| 94014  | Patient-initiated spirometric recording per 30-day period of time;   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 94015  | Patient-initiated spirometric recording per 30-day period of time;   | No                  |     |                   | MMP           |
| 94016  | Patient-initiated spirometric recording per 30-day period of time;   | No                  |     |                   | MMP           |
| 94060  | Bronchodilation responsiveness, spirometry as in 94010, pre- and   | No                  |     |                   | MMP           |
| 94070  | Bronchospasm provocation evaluation, multiple spirometric  | No                  |     |                   | MMP           |
| 94150  | Vital capacity, total (separate procedure)   | No                  |     |                   | MMP           |
| 94200  | Maximum breathing capacity, maximal voluntary ventilation  | No                  |     |                   | MMP           |
| 94250  | Expired gas collection, quantitative, single procedure (separate   | No                  |     |                   | MMP           |
| 94375  | Respiratory flow volume loop   | No                  |     |                   | MMP           |
| 94400  | Breathing response to CO2 (CO2 response curve)   | No                  |     |                   | MMP           |
| 94450  | Breathing response to hypoxia (hypoxia response curve)   | No                  |     |                   | MMP           |
| 94452  | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT   | No                  |     |                   | MMP           |
| 94453  | HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT; WITH SUPPLEMENTAL OXYGEN TITRATION                     | No                  |     |                   | MMP           |
| 94610  | INTRAPULMONARY SUFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUBE   | No                  |     |                   | MMP           |
| 94617  | Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry              | No                  |     |                   | MMP           |
| 94618  | Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed | No                  |     |                   | MMP           |
| 94621  | Pulmonary stress testing; complex (including measurements of CO2   | No                  |     |                   | MMP           |
| 94640  | Pressurized or nonpressurized inhalation treatment for acute airway  | No                  |     |                   | MMP           |
| 94642  | Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia   | No                  |     |                   | MMP           |
| 94644  | CONTINUOUS INHALATION TREATMENT W/AEROSOL MEDICATION; FIRST HOUR   | No                  |     |                   | MMP           |
| 94645  | CONTINUOUS INHALATION TREATMENT W/AEROSOL MEDICATION; EACH ADD   | No                  |     |                   | MMP           |
| 94660  | Continuous positive airway pressure ventilation (CPAP), initiation and   | No                  |     |                   | MMP           |
| 94662  | Continuous negative pressure ventilation (CNP), initiation and   | No                  |     |                   | MMP           |
| 94664  | DEMONSTRATION &/OR EVAL OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR IPPB DEVICE                 | No                  |     |                   | MMP           |
| 94667  | MANIPULATION CHEST WALL, INITIAL DEMONSTRATION AND/OR EVAL   | No                  |     |                   | MMP           |
| 94668  | MANIPULATION CHEST WALL, SUBSEQUENT  | No                  |     |                   | MMP           |
| 94669  | Mechanical chest wall oscillation to facilitate lung function, per session   | No                  |     |                   | MMP           |
| 94680  | Oxygen uptake, expired gas analysis; rest and exercise, direct, simple   | No                  |     |                   | MMP           |
| 94681  | Oxygen uptake, expired gas analysis; including CO2 output, percentage  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 94690  | Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)  | No                  |     |                   | MMP           |
| 94726  | Plethysmography for determination of lung volumes and, when performed, airway resistance  | No                  |     |                   | MMP           |
| 94727  | Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes  | No                  |     |                   | MMP           |
| 94728  | Airway resistance by impulse oscillometry   | No                  |     |                   | MMP           |
| 94729  | Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 94750  | Pulmonary compliance study (eg, plethysmography, volume and pressure)   | No                  |     |                   | MMP           |
| 94760  | Noninvasive ear or pulse oximetry for oxygen saturation; single   | No                  |     |                   | MMP           |
| 94761  | Noninvasive ear or pulse oximetry for oxygen saturation; multiple   | No                  |     |                   | MMP           |
| 94762  | Noninvasive ear or pulse oximetry for oxygen saturation; by continuous  | No                  |     |                   | MMP           |
| 94770  | Carbon dioxide, expired gas determination by infrared analyzer  | No                  |     |                   | MMP           |
| 94772  | Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24  | No                  |     |                   | MMP           |
| 94774  | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCL RESP RATE/PATTERN&HEART RATE PER 30-DAY PERIOD; INCL MONITOR ATTACH, DOWNLOAD  | No                  |     |                   | MMP           |
| 94775  | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCL RESP RATE, PATTERN & HEART RATE PER 30-DAY PERIOD; MONITOR ATTACHMENT ONLY   | No                  |     |                   | MMP           |
| 94776  | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCL RESP RATE, PATTERN & HEART RATE PER 30-DAY PERIOD; MONITORING, DOWNLOAD INFO,  | No                  |     |                   | MMP           |
| 94777  | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCL RESP RATE, PATTERN & HEART RATE PER 30-DAY PERIOD; PHYS REVIEW/INTERP/REPORT   | No                  |     |                   | MMP           |
| 94780  | Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes  | No                  |     |                   | MMP           |
| 94781  | Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 94799  | UNLISTED PULMONARY SERVICE OR PROCEDURE   | Yes                 |     |                   | MMP           |
| 95004  | Percutaneous tests (scratch, puncture, prick) with allergenic extracts,   | No                  |     |                   | MMP           |
| 95012  | NITRIC OXIDE EXPIRED GAS DETERMINATION  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95017  | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests               | No                  |     |                   | MMP           |
| 95018  | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests | No                  |     |                   | MMP           |
| 95024  | Intracutaneous (intradermal) tests with allergenic extracts, immediate  | No                  |     |                   | MMP           |
| 95027  | Intracutaneous (intradermal) tests, sequential and incremental, with  | No                  |     |                   | MMP           |
| 95028  | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF TESTS  | No                  |     |                   | MMP           |
| 95044  | Patch or application test(s) (specify number of tests)  | No                  |     |                   | MMP           |
| 95052  | Photo patch test(s) (specify number of tests)   | No                  |     |                   | MMP           |
| 95056  | Photo tests   | No                  |     |                   | MMP           |
| 95060  | OPHTHALMIC MUCOUS MEMBRANE TESTS  | Not Covered         |     |                   | MMP           |
| 95065  | DIRECT NASAL MUCOUS MEMBRANE TEST   | Not Covered         |     |                   | MMP           |
| 95070  | Inhalation bronchial challenge testing (not including necessary   | No                  |     |                   | MMP           |
| 95071  | Inhalation bronchial challenge testing (not including necessary   | No                  |     |                   | MMP           |
| 95076  | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing  | No                  |     |                   | MMP           |
| 95079  | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 95115  | Professional services for allergen immunotherapy not including provision  | No                  |     |                   | MMP           |
| 95117  | Professional services for allergen immunotherapy not including provision  | No                  |     |                   | MMP           |
| 95120  | Professional services for allergen immunotherapy in prescribing   | No                  |     |                   | MMP           |
| 95125  | Professional services for allergen immunotherapy in prescribing   | No                  |     |                   | MMP           |
| 95130  | Professional services for allergen immunotherapy in prescribing   | No                  |     |                   | MMP           |
| 95131  | Professional services for allergen immunotherapy in prescribing   | No                  |     |                   | MMP           |
| 95132  | Professional services for allergen immunotherapy in prescribing   | No                  |     |                   | MMP           |
| 95133  | Professional services for allergen immunotherapy in prescribing   | No                  |     |                   | MMP           |
| 95134  | Professional services for allergen immunotherapy in prescribing   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95144  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95145  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95146  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95147  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95148  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95149  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95165  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95170  | Professional services for the supervision of preparation and provision  | No                  |     |                   | MMP           |
| 95180  | RAPID DESENSITIZATION PROCEDURE, EACH HOUR  | No                  |     |                   | MMP           |
| 95199  | UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE  | Yes                 |     |                   | MMP           |
| 95249  | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording | No                  |     |                   | MMP           |
| 95250  | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSURE FLUID VIA A SUBCUTANEOUS SENSOR FOR UP TO 72 HOURS; SENSOR PLACEM  | No                  |     |                   | MMP           |
| 95251  | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR UP TO 72 HOURS; PHYSICIAN INTE  | No                  |     |                   | MMP           |
| 95782  | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist  | No                  |     |                   | MMP           |
| 95783  | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist                                | No                  |     |                   | MMP           |
| 95800  | Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time   | No                  |     |                   | MMP           |
| 95801  | Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)  | No                  |     |                   | MMP           |
| 95803  | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95805  | MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS | No                  |     |                   | MMP           |
| 95806  | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, UNATTENDED BY A  | No                  |     |                   | MMP           |
| 95807  | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TE | No                  |     |                   | MMP           |
| 95808  | POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST                                 | No                  |     |                   | MMP           |
| 95810  | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST                           | No                  |     |                   | MMP           |
| 95811  | POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSU | No                  |     |                   | MMP           |
| 95812  | Electroencephalogram (EEG) extended monitoring; 41-60 minutes  | No                  |     |                   | MMP           |
| 95813  | Electroencephalogram (EEG) extended monitoring; greater than one hour  | No                  |     |                   | MMP           |
| 95816  | Electroencephalogram (EEG); including recording awake and drowsy   | No                  |     |                   | MMP           |
| 95819  | Electroencephalogram (EEG); including recording awake and asleep   | No                  |     |                   | MMP           |
| 95822  | Electroencephalogram (EEG); recording in coma or sleep only  | No                  |     |                   | MMP           |
| 95824  | Electroencephalogram (EEG); cerebral death evaluation only   | No                  |     |                   | MMP           |
| 95827  | Electroencephalogram (EEG); all night recording  | No                  |     |                   | MMP           |
| 95829  | Electrocorticogram at surgery (separate procedure)   | No                  |     |                   | MMP           |
| 95830  | INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING  | No                  |     |                   | MMP           |
| 95831  | Muscle testing, manual (separate procedure) with report; extremity   | No                  |     |                   | MMP           |
| 95832  | Muscle testing, manual (separate procedure) with report; hand, with or   | No                  |     |                   | MMP           |
| 95833  | Muscle testing, manual (separate procedure) with report; total   | No                  |     |                   | MMP           |
| 95834  | Muscle testing, manual (separate procedure) with report; total   | No                  |     |                   | MMP           |
| 95851  | Range of motion measurements and report (separate procedure); each   | Yes                 |     |                   | MMP           |
| 95852  | Range of motion measurements and report (separate procedure); hand,  | Yes                 |     |                   | MMP           |
| 95857  | Cholinesterase inhibitor challenge test for myasthenia gravis  | No                  |     |                   | MMP           |
| 95860  | Needle electromyography; one extremity with or without related   | No                  |     |                   | MMP           |
| 95861  | Needle electromyography; two extremities with or without related   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95863  | Needle electromyography; three extremities with or without related   | No                  |     |                   | MMP           |
| 95864  | Needle electromyography; four extremities with or without related  | No                  |     |                   | MMP           |
| 95865  | Muscle test, larynx  | No                  |     |                   | MMP           |
| 95866  | Muscle test, hemidiaphragm   | No                  |     |                   | MMP           |
| 95867  | Needle electromyography; cranial nerve supplied muscle(s), unilateral  | No                  |     |                   | MMP           |
| 95868  | NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL   | No                  | *   |                   | MMP           |
| 95869  | Needle electromyography; thoracic paraspinal muscles (excluding T1 or  | No                  |     |                   | MMP           |
| 95870  | Needle electromyography; limited study of muscles in one extremity or  | No                  |     |                   | MMP           |
| 95872  | Needle electromyography using single fiber electrode, with quantitative  | No                  |     |                   | MMP           |
| 95873  | ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE  | No                  |     |                   | MMP           |
| 95874  | NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODEVERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDU   | No                  |     |                   | MMP           |
| 95875  | Ischemic limb exercise test with serial specimen(s) acquisition for  | No                  |     |                   | MMP           |
| 95885  | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 95886  | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, 5 or more muscles studied, innervated by 3 or more nerves or 4 or more spinal levels (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 95887  | Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 95905  | MOTOR &/OR SENSORY NERVE CONDUCTION, USING PRECONFIG ELECTRODE ARRAY(S), AMPLITUDE & LATENCY/VELOCITY STUDY, EA LIMB, INCL F-WAVE  | No                  |     |                   | MMP           |
| 95907  | Nerve conduction studies; 1-2 studies  | No                  |     |                   | MMP           |
| 95908  | Nerve conduction studies; 3-4 studies  | No                  |     |                   | MMP           |
| 95909  | Nerve conduction studies; 5-6 studies  | No                  |     |                   | MMP           |
| 95910  | Nerve conduction studies; 7-8 studies  | No                  |     |                   | MMP           |
| 95911  | Nerve conduction studies; 9-10 studies   | No                  |     |                   | MMP           |
| 95912  | Nerve conduction studies; 11-12 studies  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95913  | Nerve conduction studies; 13 or more studies   | No                  |     |                   | MMP           |
| 95921  | Testing of autonomic nervous system function; cardiovagal innervation  | No                  |     |                   | MMP           |
| 95922  | Testing of autonomic nervous system function; vasomotor adrenergic   | No                  |     |                   | MMP           |
| 95923  | Testing of autonomic nervous system function; sudomotor, including one   | No                  |     |                   | MMP           |
| 95924  | Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt   | No                  |     |                   | MMP           |
| 95925  | Short-latency somatosensory evoked potential study, stimulation of   | No                  |     |                   | MMP           |
| 95926  | Short-latency somatosensory evoked potential study, stimulation of   | No                  |     |                   | MMP           |
| 95927  | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY,  | No                  |     |                   | MMP           |
| 95928  | Central motor evoked potential study (transcranial motor)  | No                  |     |                   | MMP           |
| 95929  | Central motor evoked potential study (transcranial motor)  | No                  |     |                   | MMP           |
| 95930  | VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM,  | No                  |     |                   | MMP           |
| 95933  | Orbicularis oculi (blink) reflex, by electrodiagnostic testing   | No                  |     |                   | MMP           |
| 95936  | H-reflex, amplitude and latency study; record muscle other than  | No                  |     |                   | MMP           |
| 95937  | Neuromuscular junction testing (repetitive stimulation, paired stimuli),   | No                  |     |                   | MMP           |
| 95938  | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs  | No                  |     |                   | MMP           |
| 95939  | Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs  | No                  |     |                   | MMP           |
| 95940  | Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)                                       | No                  |     |                   | MMP           |
| 95941  | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95943  | Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change | No                  |     |                   | MMP           |
| 95950  | Monitoring for identification and lateralization of cerebral seizure  | No                  |     |                   | MMP           |
| 95951  | Monitoring for localization of cerebral seizure focus by cable or radio,  | No                  |     |                   | MMP           |
| 95953  | Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended  | No                  |     |                   | MMP           |
| 95954  | Pharmacological or physical activation requiring physician attendance   | No                  |     |                   | MMP           |
| 95955  | Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid  | No                  |     |                   | MMP           |
| 95956  | Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse   | No                  |     |                   | MMP           |
| 95957  | Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike   | No                  |     |                   | MMP           |
| 95958  | WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING   | No                  |     |                   | MMP           |
| 95961  | FUNCTIONAL CORTICAL OR SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES   | No                  |     |                   | MMP           |
| 95962  | FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE SEIZURES OR IDENTIFY  | No                  |     |                   | MMP           |
| 95965  | MAGNETOENCEPHALOGRAPHY  | No                  |     |                   | MMP           |
| 95966  | MAGNETOENCEPHALOGRAPHY  | No                  |     |                   | MMP           |
| 95967  | MAGNETOENCEPHALOGRAPHY  | No                  | *   |                   | MMP           |
| 95970  | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF   | No                  |     |                   | MMP           |
| 95971  | SIMPLE BRIAN, SPINAL CORD, OR PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, W/ INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95972  | COMPLEX SPINAL CORD, OR PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, W/ INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING  | No                  |     |                   | MMP           |
| 95974  | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF  | No                  |     |                   | MMP           |
| 95975  | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG., RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF   | No                  |     |                   | MMP           |
| 95978  | ELECTRONIC ANALYSIS IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG., RATE, PULSE AMPLITUDE/ DURATION...) COMPLEX DEEP BRAIN  | No                  |     |                   | MMP           |
| 95979  | ELECTRONIC ANALYSIS IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG., RATE, PULSE AMPLITUDE/ DURATION...) COMPLEX DEEP BRAIN  | No                  |     |                   | MMP           |
| 95980  | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; INTRAOPERATIVE, WITH PROGRAMMING  | No                  |     |                   | MMP           |
| 95981  | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; SUBSEQUENT, WITHOUT REPROGRAMMING | No                  |     |                   | MMP           |
| 95982  | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; SUBSEQUENT, WITH REPROGRAMMING    | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 95990  | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG   | No                  |     |                   | MMP           |
| 95991  | REFILLING & MAINTANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,   | No                  |     |                   | MMP           |
| 95992  | Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day  | No                  |     |                   | MMP           |
| 95999  | UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE   | Yes                 | *   |                   | MMP           |
| 96000  | MOTION ANALYSIS   | No                  |     |                   | MMP           |
| 96001  | MOTION ANALYSIS   | No                  |     |                   | MMP           |
| 96002  | MOTION ANALYSIS   | No                  |     |                   | MMP           |
| 96003  | MOTION ANALYSIS   | No                  |     |                   | MMP           |
| 96004  | MOTION ANALYSIS   | No                  |     |                   | MMP           |
| 96020  | NEUROFUNCTIONAL TESTING SELECTION & ADMIN DURING NONINVASIVE IMAGING FUNCTIONAL BRAIN MAPPING, ADMIN ENTIRELY BY PHYS OR PSYCHOLOG  | No                  |     |                   | MMP           |
| 96040  | MEDICAL GENETICS AND GENETIC COUNSELING SERIVCES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY                                  | No                  |     |                   | MMP           |
| 96105  | ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH | No                  |     |                   | MMP           |
| 96110  | DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REP  | No                  |     |                   | MMP           |
| 96111  | Developmental testing; extended (includes assessment of motor,  | No                  |     |                   | MMP           |
| 96116  | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE,  | Yes                 |     |                   | MMP           |
| 96118  | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CAR SORTING TEST)  | Yes                 |     |                   | MMP           |
| 96119  | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WHECHLSER MEMORY SCALES AND WISCONSIN CARD SORTING TES  | Yes                 |     |                   | MMP           |
| 96120  | NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST) ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL I  | Yes                 |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 96125  | STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE-TO FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT | Yes                 |     |                   | MMP           |
| 96127  | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument   | No                  |     |                   | MMP           |
| 96150  | Health and behavior assessment (eg, health-focused clinical interview,   | No                  |     |                   | MMP           |
| 96151  | Health and behavior assessment (eg, health-focused clinical interview,   | No                  |     |                   | MMP           |
| 96152  | Health and behavior intervention, each 15 minutes, face-to-face;   | No                  |     |                   | MMP           |
| 96153  | Health and behavior intervention, each 15 minutes, face-to-face; group   | No                  |     |                   | MMP           |
| 96154  | Health and behavior intervention, each 15 minutes, face-to-face; family (with patient present)   | No                  |     |                   | MMP           |
| 96155  | Health and behavior intervention, each 15 minutes, face-to-face; family (w/out patient present)  | No                  |     |                   | MMP           |
| 96160  | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument  | No                  |     |                   | MMP           |
| 96161  | Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument   | No                  |     |                   | MMP           |
| 96360  | Intravenous infusion, hydration; initial, 31 minutes to 1 hour   | No                  |     |                   | MMP           |
| 96361  | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 96365  | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial up to 1 hour   | No                  |     |                   | MMP           |
| 96366  | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 96367  | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 96368  | Intravenous infusion, hydration; concurrent infusion (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 96369  | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)  | No                  |     |                   | MMP           |
| 96370  | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 96371  | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)                  | No                  |     |                   | MMP           |
| 96372  | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular   | No                  |     |                   | MMP           |
| 96373  | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial  | No                  |     |                   | MMP           |
| 96374  | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug  | No                  |     |                   | MMP           |
| 96375  | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)                           | No                  |     |                   | MMP           |
| 96376  | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 96377  | Application of on-body injector (includes cannula insertion) for timed subcutaneous injection   | No                  |     |                   | MMP           |
| 96379  | Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion   | Yes                 |     |                   | MMP           |
| 96401  | Chemo, anti-neopl, sq/im  | No                  |     |                   | MMP           |
| 96402  | Chemo hormon antineopl sq/im  | No                  |     |                   | MMP           |
| 96405  | Chemotherapy administration, intralesional; up to and including 7   | No                  |     |                   | MMP           |
| 96406  | Chemotherapy administration, intralesional; more than 7 lesions   | No                  |     |                   | MMP           |
| 96409  | Chemo, iv push, singl drug  | No                  |     |                   | MMP           |
| 96411  | Chemo, iv push, addl drug   | No                  |     |                   | MMP           |
| 96413  | Chemo, iv infusion, 1 hr  | No                  |     |                   | MMP           |
| 96415  | Chemo, iv infusion, addl hr   | No                  |     |                   | MMP           |
| 96416  | Chemo prolong infuse w/pump   | No                  |     |                   | MMP           |
| 96417  | Chemo iv infus each addl seq  | No                  |     |                   | MMP           |
| 96420  | Chemotherapy administration, intra-arterial; push technique   | No                  |     |                   | MMP           |
| 96422  | Chemotherapy administration, intra-arterial; infusion technique, up to  | No                  |     |                   | MMP           |
| 96423  | Chemotherapy administration, intra-arterial; infusion technique, one to   | No                  |     |                   | MMP           |
| 96425  | Chemotherapy administration, intra-arterial; infusion technique,  | No                  |     |                   | MMP           |
| 96440  | Chemotherapy administration into pleural cavity, requiring and including  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 96446  | Chemotherapy administration into the peritoneal cavity via indwelling port or catheter  | No                  |     |                   | MMP           |
| 96450  | Chemotherapy administration, into CNS (eg, intrathecal), requiring and  | No                  |     |                   | MMP           |
| 96521  | Refill/maint, portable pump   | No                  |     |                   | MMP           |
| 96522  | Refill/maint pump/resvr syst  | No                  |     |                   | MMP           |
| 96523  | Irrig drug delivery device  | No                  |     |                   | MMP           |
| 96542  | Chemotherapy injection, subarachnoid or intraventricular via  | No                  |     |                   | MMP           |
| 96549  | UNLISTED CHEMOTHERAPY PROCEDURE   | Yes                 |     |                   | MMP           |
| 96570  | Photodynamic therapy by endoscopic application of light to ablate   | Yes                 |     |                   | MMP           |
| 96571  | Photodynamic therapy by endoscopic application of light to ablate   | Yes                 |     |                   | MMP           |
| 96573  | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day   | No                  |     |                   | MMP           |
| 96574  | Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day | No                  |     |                   | MMP           |
| 96900  | ACTINOTHERAPY (ULTRAVIOLET LIGHT)   | No                  |     |                   | MMP           |
| 96902  | Microscopic examination of hairs plucked or clipped by the examiner   | No                  |     |                   | MMP           |
| 96910  | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B   | Yes                 |     |                   | MMP           |
| 96912  | PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)   | Yes                 |     |                   | MMP           |
| 96920  | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM   | Yes                 |     |                   | MMP           |
| 96921  | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM   | Yes                 |     |                   | MMP           |
| 96922  | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM   | Yes                 |     |                   | MMP           |
| 96931  | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion  | No                  |     |                   | MMP           |
| 96932  | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion   | No                  |     |                   | MMP           |
| 96933  | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 96934  | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 96935  | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)                          | No                  |     |                   | MMP           |
| 96936  | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)                  | No                  |     |                   | MMP           |
| 96999  | UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE   | Yes                 |     |                   | MMP           |
| 97010  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS  | Not Covered         |     |                   | MMP           |
| 97012  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL   | Yes                 |     |                   | MMP           |
| 97014  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)  | No                  | *   |                   | MMP           |
| 97016  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES  | Yes                 |     |                   | MMP           |
| 97018  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH  | Yes                 |     |                   | MMP           |
| 97022  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL  | Yes                 |     |                   | MMP           |
| 97024  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)  | Yes                 |     |                   | MMP           |
| 97026  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED   | Yes                 |     |                   | MMP           |
| 97028  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET  | Yes                 |     |                   | MMP           |
| 97032  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET  | Yes                 |     |                   | MMP           |
| 97033  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES   | Yes                 |     |                   | MMP           |
| 97034  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES  | Yes                 |     |                   | MMP           |
| 97035  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES  | Yes                 |     |                   | MMP           |
| 97036  | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES  | Yes                 |     |                   | MMP           |
| 97039  | UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)   | Yes                 |     |                   | MMP           |
| 97110  | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTIO   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 97112  | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHET  | Yes                 |     |                   | MMP           |
| 97116  | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)  | Yes                 |     |                   | MMP           |
| 97124  | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING,   | Yes                 |     |                   | MMP           |
| 97127  | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact <b>termed code 97532</b>   | Not Covered         |     |                   | MMP           |
| 97139  | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)   | Yes                 |     |                   | MMP           |
| 97140  | MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPATHIC DRAINAGE, MANUAL TRACTION), ONE OR MORE REGIONS, EACH 1  | Yes                 |     |                   | MMP           |
| 97161  | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 97162  | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.    | Yes                 |     |                   | MMP           |
| 97163  | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | Yes                 |     |                   | MMP           |
| 97164  | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.  | Yes                 |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|---|---------------------|-----|-------------------|---------------|
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.  | Yes                 |     |                   | MMP           |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family. | Yes                 |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|---|---------------------|-----|-------------------|---------------|
| 97167 | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family. | Yes                 |     |                   | MMP           |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.   | Yes                 |     |                   | MMP           |
| 97169 | Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.   | Not Covered         |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 97170  | Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.   | Not Covered         |     |                   | MMP           |
| 97171  | Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | Not Covered         |     |                   | MMP           |
| 97172  | Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.   | Not Covered         |     |                   | MMP           |
| 97530  | THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFO  | Yes                 |     |                   | MMP           |
| 97533  | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIORNMENTAL DEMANDS, DIRECT  | Yes                 |     |                   | MMP           |
| 97535  | SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCE  | Yes                 |     |                   | MMP           |
| 97542  | WHEELCHAIR MANAGEMENT (EG. ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES  | Yes                 |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 97545  | WORK HARDENING/CONDITIONING; INITIAL 2 HOURS  | Not Covered         |     |                   | MMP           |
| 97546  | WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | Not Covered         |     |                   | MMP           |
| 97597  | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less  | No                  |     |                   | MMP           |
| 97598  | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| 97602  | Removal of devitalized tissue from wound(s), non-selective debridement,   | No                  |     |                   | MMP           |
| 97605  | NEGATIVE PRESSURE WOUND THERAPY, INCL TOPICAL APPLICATION(S), ASSESSMENT AND INSTRUCTION FOR ONGOING CARE, PER SESSION, < 50 SQ CM  | Yes                 |     |                   | MMP           |
| 97606  | NEGATIVE PRESSURE WOUND THERAPY, INCL TOPICAL APPLICATION(S), ASSESSMENT AND INSTRUCTION FOR ONGOING CARE, PER SESSION, > 50 SQ CM  | Yes                 |     |                   | MMP           |
| 97610  | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day  | No                  |     |                   | MMP           |
| 97760  | ORTHOTIC(S) MGMT & TRAINING (INCL ASSESSING & FITTING WHEN NOT OTHERWISE REPORTED), UPPER/LOWER EXTREMITY(S) &/OR TRUNK, EA 15 MIN  | Yes                 |     |                   | MMP           |
| 97761  | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTEMITY(S), EACH 15 MINUTES  | Yes                 |     |                   | MMP           |
| 97763  | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes <b>termed code 97762</b>  | Yes                 |     |                   | MMP           |
| 97799  | UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE  | Yes                 |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 97802  | Medical nutrition therapy; initial assessment and intervention,  | No                  |     |                   | MMP           |
| 97803  | MEDICAL NUTRITION THERAPY, RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,   | No                  |     |                   | MMP           |
| 97804  | MEDICAL NUTRITION THERAPY, GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES  | No                  |     |                   | MMP           |
| 97810  | ACUPUNCTURE, ONE OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION; INTIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH PATIENT    | Not Covered         |     |                   | MMP           |
| 97811  | ACUPUNCTURE, 1OR MORE NEEDLES, W/O ELECTRICAL STIM; EACH ADDL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT W/PATIENT, W/RE-INSERTION  | Not Covered         |     |                   | MMP           |
| 97813  | ACUPUNCTURE, ONE OR MORE NEEDLES, WITH ELECTRICAL STIMULATION; INTIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH PATIENT       | Not Covered         |     |                   | MMP           |
| 97814  | ACUPUNCTURE, 1OR MORE NEEDLES, W/ELECTRICAL STIM; EA ADD'L 15 MINS OF PERSONAL 1-ON-1 CONTACT W/PATIENT, W/RE-INSERTION OF NEEDLES | Not Covered         |     |                   | MMP           |
| 98925  | Osteopathic manipulative treatment (OMT); one to two body regions  | Yes                 |     |                   | MMP           |
| 98926  | Osteopathic manipulative treatment (OMT); three to four body regions   | Yes                 |     |                   | MMP           |
| 98927  | Osteopathic manipulative treatment (OMT); five to six body regions   | Yes                 |     |                   | MMP           |
| 98928  | Osteopathic manipulative treatment (OMT); seven to eight body regions  | Yes                 |     |                   | MMP           |
| 98929  | Osteopathic manipulative treatment (OMT); nine to ten body regions   | Yes                 |     |                   | MMP           |
| 98940  | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS  | No                  |     |                   | MMP           |
| 98941  | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS   | No                  |     |                   | MMP           |
| 98942  | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS  | No                  |     |                   | MMP           |
| 98943  | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS  | Not Covered         |     |                   | MMP           |
| 98960  | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED  | No                  |     |                   | MMP           |
| 98961  | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED  | No                  |     |                   | MMP           |
| 98962  | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 98966  | TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS SEVEN DAYS NOR LEADING TO AN ASSESSMENT AND MANAGEMENT SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 5-10 MINUTES OF MEDICAL DISCUSSION  | No                  |     |                   | MMP           |
| 98967  | TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS SEVEN DAYS NOR LEADING TO AN ASSESSMENT AND MANAGEMENT SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 11-20 MINUTES OF MEDICAL DISCUSSION | No                  |     |                   | MMP           |
| 98968  | TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS SEVEN DAYS NOR LEADING TO AN ASSESSMENT AND MANAGEMENT SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 21-30 MINUTES OF MEDICAL DISCUSSION | No                  |     |                   | MMP           |
| 98969  | ON-LINE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS SEVEN DAYS, USING THE INTERNET OR SIMILAR ELECTRONIC COMMUNICATION NETWORK   | No                  |     |                   | MMP           |
| 99000  | HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE TO A LABORATORY   | Not Covered         |     |                   | MMP           |
| 99001  | HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A LABORATORY (DISTANCE   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99002  | HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTATION OF AN ORDER INVOLVING DEVICES (EG, DESIGNING, | Not Covered         |     |                   | MMP           |
| 99024  | Postoperative follow-up visit, normally included in the surgical   | No                  |     |                   | MMP           |
| 99026  | HOSPITAL MANDATED ON CALL SERVICE; IN-HOSPITAL, EACH HOUR  | Not Covered         |     |                   | MMP           |
| 99027  | OUT-OF-HOSPITAL, EACH HOUR   | Not Covered         |     |                   | MMP           |
| 99050  | Services requested after posted office hours in addition to basic  | Not Covered         |     |                   | MMP           |
| 99051  | Med serv, eve/wkend/holiday  | No                  |     |                   | MMP           |
| 99053  | SERVICES(S) PROVIDED BETWEEN 10:00PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITION TO BASIC SERVICE                                 | Not Covered         |     |                   | MMP           |
| 99056  | SERVICES PROVIDED AT REQUEST OF PATIENT IN A LOCATION OTHER THAN PHYSICIAN'S OFFICE WHICH ARE NORMALLY PROVIDED IN THE OFFICE      | Not Covered         |     |                   | MMP           |
| 99058  | Office services provided on an emergency basis   | No                  |     |                   | MMP           |
| 99060  | Out of office emerg med serv   | No                  |     |                   | MMP           |
| 99070  | SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT  | Not Covered         |     |                   | MMP           |
| 99071  | EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, PROVIDED BY THE PHYSICIAN FOR THE PATIENT'S EDUCATION AT COST TO PHYSIC | Not Covered         |     |                   | MMP           |
| 99075  | MEDICAL TESTIMONY  | Not Covered         |     |                   | MMP           |
| 99078  | Physician educational services rendered to patients in a group setting   | No                  |     |                   | MMP           |
| 99080  | Special reports such as insurance forms, more than the information   | Not Covered         |     |                   | MMP           |
| 99082  | UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)  | Not Covered         |     |                   | MMP           |
| 99090  | ANALYSIS OF INFORMATION DATA STORED IN COMPUTERS (EG, ECGS, BLOOD PRESSURES, HEMATOLOGIC DATA)                                     | No                  |     |                   | MMP           |
| 99091  | Collection and interpretation of physiologic data (eg, ECG, blood  | No                  |     |                   | MMP           |
| 99100  | Anesthesia for patient of extreme age, under 1 year and over 70 (List  | No                  |     |                   | MMP           |
| 99116  | Anesthesia complicated by utilization of total body hypothermia (List  | No                  |     |                   | MMP           |
| 99135  | Anesthesia complicated by utilization of controlled hypotension (List  | No                  |     |                   | MMP           |
| 99140  | Anesthesia complicated by emergency conditions (specify) (List   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99151  | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age                           | No                  |     |                   | MMP           |
| 99152  | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older                                  | No                  |     |                   | MMP           |
| 99153  | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | No                  |     |                   | MMP           |
| 99155  | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age   | No                  |     |                   | MMP           |
| 99156  | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older  | No                  |     |                   | MMP           |
| 99157  | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)   | No                  |     |                   | MMP           |
| 99170  | Anogenital examination with colposcopic magnification in childhood for  | No                  |     |                   | MMP           |
| 99172  | Visual function screening, automated or semi-automated bilateral  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99173  | Screening test of visual acuity, quantitative, bilateral   | No                  |     |                   | MMP           |
| 99174  | OCULAR PHOTSCREENING WITH INTERPRETATION AND REPORT, BILATERAL   | No                  |     |                   | MMP           |
| 99175  | Ipecac or similar administration for individual emesis and continued   | No                  |     |                   | MMP           |
| 99177  | Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with remote analysis and report; with on-site analysis  | Not Covered         |     |                   | MMP           |
| 99183  | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION   | Yes                 |     |                   | MMP           |
| 99184  | Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling | No                  |     |                   | MMP           |
| 99188  | Application of topical fluoride varnish by a physician or other qualified health care professional   | No                  |     |                   | MMP           |
| 99190  | Assembly and operation of pump with oxygenator or heat exchanger (with   | No                  |     |                   | MMP           |
| 99191  | Assembly and operation of pump with oxygenator or heat exchanger (with   | No                  |     |                   | MMP           |
| 99192  | Assembly and operation of pump with oxygenator or heat exchanger (with   | No                  |     |                   | MMP           |
| 99195  | Phlebotomy, therapeutic (separate procedure)   | No                  |     |                   | MMP           |
| 99199  | UNLISTED SPECIAL SERVICE OR REPORT   | Yes                 |     |                   | MMP           |
| 99201  | Office or other outpatient visit for the evaluation and management of a  | No                  |     |                   | MMP           |
| 99202  | Office or other outpatient visit for the evaluation and management of a  | No                  |     |                   | MMP           |
| 99203  | Office or other outpatient visit for the evaluation and management of a  | No                  |     |                   | MMP           |
| 99204  | Office or other outpatient visit for the evaluation and management of a  | No                  |     |                   | MMP           |
| 99205  | Office or other outpatient visit for the evaluation and management of a  | No                  |     |                   | MMP           |
| 99211  | Office or other outpatient visit for the evaluation and management of an   | No                  |     |                   | MMP           |
| 99212  | Office or other outpatient visit for the evaluation and management of an   | No                  |     |                   | MMP           |
| 99213  | Office or other outpatient visit for the evaluation and management of an   | No                  |     |                   | MMP           |
| 99214  | Office or other outpatient visit for the evaluation and management of an   | No                  |     |                   | MMP           |
| 99215  | Office or other outpatient visit for the evaluation and management of an   | No                  |     |                   | MMP           |
| 99217  | Observation care discharge day management (This code is to be utilized   | No                  |     |                   | MMP           |
| 99218  | Initial observation care, per day, for the evaluation and management of  | No                  |     |                   | MMP           |
| 99219  | Initial observation care, per day, for the evaluation and management of  | No                  |     |                   | MMP           |
| 99220  | Initial observation care, per day, for the evaluation and management of  | No                  |     |                   | MMP           |
| 99221  | Initial hospital care, per day, for the evaluation and management of a   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99222  | Initial hospital care, per day, for the evaluation and management of a   | No                  |     |                   | MMP           |
| 99223  | Initial hospital care, per day, for the evaluation and management of a   | No                  |     |                   | MMP           |
| 99224  | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.   | No                  |     |                   | MMP           |
| 99225  | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit. | No                  |     |                   | MMP           |
| 99226  | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.                              | No                  |     |                   | MMP           |
| 99231  | Subsequent hospital care, per day, for the evaluation and management of  | No                  |     |                   | MMP           |
| 99232  | Subsequent hospital care, per day, for the evaluation and management of  | No                  |     |                   | MMP           |
| 99233  | Subsequent hospital care, per day, for the evaluation and management of  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |       |                   |               |
|--|---|---------------------|-------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key   | Rider Requirement | Product Lines |
| 99234  | Observation or inpatient hospital care, for the evaluation and          | No                  |       |                   | MMP           |
| 99235  | Observation or inpatient hospital care, for the evaluation and          | No                  |       |                   | MMP           |
| 99236  | Observation or inpatient hospital care, for the evaluation and          | No                  |       |                   | MMP           |
| 99238  | Hospital discharge day management; 30 minutes or less                   | No                  |       |                   | MMP           |
| 99239  | Hospital discharge day management; more than 30 minutes                 | No                  |       |                   | MMP           |
| 99241  | Office consultation for a new or established patient, which requires    | Not Covered         |       |                   | MMP           |
| 99242  | Office consultation for a new or established patient, low severity      | Not Covered         |       |                   | MMP           |
| 99243  | Office consultation for a new or established patient, moderate severity | Not Covered         |       |                   | MMP           |
| 99244  | Office consultation for a new or established patient, moderate to high  | Not Covered         |       |                   | MMP           |
| 99245  | Office consultation for a new or established patient, high complexity   | Not Covered         |       |                   | MMP           |
| 99251  | Initial inpatient consultation for a new or established patient, which  | Not Covered         |       |                   | MMP           |
| 99252  | Initial inpatient consultation for a new or established patient, which  | Not Covered         |       |                   | MMP           |
| 99253  | Initial inpatient consultation for a new or established patient, which  | Not Covered         |       |                   | MMP           |
| 99254  | Initial inpatient consultation for a new or established patient, which  | Not Covered         |       |                   | MMP           |
| 99255  | Initial inpatient consultation for a new or established patient, which  | Not Covered         |       |                   | MMP           |
| 99281  | Emergency department visit for the evaluation and management of a       | No                  |       |                   | MMP           |
| 99282  | Emergency department visit for the evaluation and management of a       | No                  |       |                   | MMP           |
| 99283  | Emergency department visit for the evaluation and management of a       | No                  |       |                   | MMP           |
| 99284  | Emergency department visit for the evaluation and management of a       | No                  |       |                   | MMP           |
| 99285  | Emergency department visit for the evaluation and management of a       | No                  |       |                   | MMP           |
| 99288  | Physician direction of emergency medical systems (EMS) emergency        | No                  |       |                   | MMP           |
| 99291  | Critical care, evaluation and management of the critically ill or       | No                  |       |                   | MMP           |
| 99292  | Critical care, evaluation and management of the critically ill or       | No                  |       |                   | MMP           |
| 99304  | Nursing facility care, init   | No                  |       |                   | MMP           |
| 99305  | Nursing facility care, init   | No                  |       |                   | MMP           |
| 99306  | Nursing facility care, init   | No                  |       |                   | MMP           |
| 99307  | Nursing fac care, subseq  | No                  |       |                   | MMP           |
| 99308  | Nursing fac care, subseq  | No                  |       |                   | MMP           |
| 99309  | Nursing fac care, subseq  | No                  |       |                   | MMP           |
| 99310  | Nursing fac care, subseq  | No                  |       |                   | MMP           |
| 99315  | Nursing facility discharge day management; 30 minutes or less           | No                  |       |                   | MMP           |
| 99316  | Nursing facility discharge day management; more than 30 minutes         | No                  |       |                   | MMP           |
| 99318  | Annual nursing fac assessmnt  | No                  |       |                   | MMP           |
| 99324  | Domicil/r-home visit new pat  | No                  | ExGEN |                   | MMP           |
| 99325  | Domicil/r-home visit new pat  | No                  | ExGEN |                   | MMP           |
| 99326  | Domicil/r-home visit new pat  | No                  | ExGEN |                   | MMP           |
| 99327  | Domicil/r-home visit new pat  | No                  | ExGEN |                   | MMP           |
| 99328  | Domicil/r-home visit new pat  | No                  | ExGEN |                   | MMP           |
| 99334  | Domicil/r-home visit est pat  | No                  | ExGEN |                   | MMP           |
| 99335  | Domicil/r-home visit est pat  | No                  | ExGEN |                   | MMP           |
| 99336  | Domicil/r-home visit est pat  | No                  | ExGEN |                   | MMP           |
| 99337  | Domicil/r-home visit est pat  | No                  | ExGEN |                   | MMP           |
| 99339  | Domicil/r-home care supervis  | No                  | ExGEN |                   | MMP           |
| 99340  | Domicil/r-home care supervis  | No                  | ExGEN |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 99341  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99342  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99343  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99344  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE COMPONENTS:   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99345  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99347  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99348  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99349  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99350  | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99354  | Prolonged physician service in the office or other outpatient setting   | No                  |                       |                   | MMP           |
| 99355  | Prolonged physician service in the office or other outpatient setting   | No                  |                       |                   | MMP           |
| 99356  | Prolonged physician service in the inpatient setting, requiring direct  | No                  |                       |                   | MMP           |
| 99357  | Prolonged physician service in the inpatient setting, requiring direct  | No                  |                       |                   | MMP           |
| 99358  | Prolonged evaluation and management service before and/or after direct  | No                  |                       |                   | MMP           |
| 99359  | Prolonged evaluation and management service before and/or after direct  | No                  |                       |                   | MMP           |
| 99360  | Physician standby service, requiring prolonged physician attendance,  | No                  |                       |                   | MMP           |
| 99366  | MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, FACE-TO-FACE WITH PATIENT AND/OR FAMILY, 30 MINUTES OR MORE, PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL | No                  |                       |                   | MMP           |
| 99367  | MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT PRESENT, 30 MINUTES OR MORE; PARTICIPATION BY PHYSICIAN   | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99368  | MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT PRESENT, 30 MINUTES OR MORE; PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL  | No                  |     |                   | MMP           |
| 99374  | Physician supervision of a patient under care of home health agency  | No                  |     |                   | MMP           |
| 99375  | Physician supervision of a patient under care of home health agency  | No                  |     |                   | MMP           |
| 99377  | Physician supervision of a hospice patient (patient not present) requiring   | No                  |     |                   | MMP           |
| 99378  | Physician supervision of a hospice patient (patient not present) requiring   | No                  |     |                   | MMP           |
| 99379  | Physician supervision of a nursing facility patient (patient not present)  | No                  |     |                   | MMP           |
| 99380  | Physician supervision of a nursing facility patient (patient not present)  | No                  |     |                   | MMP           |
| 99406  | SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES  | No                  |     |                   | MMP           |
| 99407  | SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES   | No                  |     |                   | MMP           |
| 99408  | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES  | No                  |     |                   | MMP           |
| 99409  | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES   | No                  |     |                   | MMP           |
| 99415  | Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)                     | No                  |     |                   | MMP           |
| 99416  | Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; Each additional 30 minutes (List separately in addition to code for prolonged service)                                | No                  |     |                   | MMP           |
| 99429  | UNLISTED PREVENTIVE MEDICINE SERVICE   | Yes                 |     |                   | MMP           |
| 99441  | TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR GUARDIAN NOT ORIGINATED FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 5-10 MINUTES OF MEDICAL DISCUSSION | No                  |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|---|---------------------|-----|-------------------|---------------|
| 99442 | TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR GUARDIAN NOT ORIGINATED FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 11-20 MINUTES OF MEDICAL DISCUSSION | No                  |     |                   | MMP           |
| 99443 | TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR GUARDIAN NOT ORIGINATED FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 21-30 MINUTES OF MEDICAL DISCUSSION | No                  |     |                   | MMP           |
| 99444 | ONLINE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR GUARDIAN, OR HEALTH CARE PROVIDER WITHIN THE PREVIOUS 7 DAYS, USING THE INTERNET OR SIMILAR ELECTRONIC COMMUNICATION NETWORK  | No                  |     |                   | MMP           |
| 99446 | Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review                                  | No                  |     |                   | MMP           |
| 99447 | Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review                                 | No                  |     |                   | MMP           |
| 99448 | Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review                                 | No                  |     |                   | MMP           |
| 99449 | Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review                            | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99450  | Basic life and/or disability examination that includes: measurement of .  | No                  |     |                   | MMP           |
| 99455  | Work related or medical disability examination by the treating physician  | No                  |     |                   | MMP           |
| 99456  | Work related or medical disability examination by other than the treating   | No                  |     |                   | MMP           |
| 99460  | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant   | No                  |     |                   | MMP           |
| 99461  | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center  | No                  |     |                   | MMP           |
| 99462  | Subsequent hospital care, per day, for evaluation and management of normal newborn  | No                  |     |                   | MMP           |
| 99463  | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date  | No                  |     |                   | MMP           |
| 99464  | Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn  | No                  |     |                   | MMP           |
| 99465  | Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output  | No                  |     |                   | MMP           |
| 99466  | Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands-on care during transport                     | No                  |     |                   | MMP           |
| 99467  | Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for prima | No                  |     |                   | MMP           |
| 99468  | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less  | No                  |     |                   | MMP           |
| 99469  | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less   | No                  |     |                   | MMP           |
| 99471  | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age   | No                  |     |                   | MMP           |
| 99472  | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age  | No                  |     |                   | MMP           |
| 99475  | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99476  | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age   | No                  |     |                   | MMP           |
| 99477  | INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO REQUIRES INTENSIVE OBSERVATION, FREQUENT INTERVENTIONS, AND OTHER INTENSIVE CARE SERVICES  | No                  |     |                   | MMP           |
| 99478  | Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)  | No                  |     |                   | MMP           |
| 99479  | Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)   | No                  |     |                   | MMP           |
| 99480  | Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)  | No                  |     |                   | MMP           |
| 99483  | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial | No                  |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 99484  | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team. | No                  |     |                   | MMP           |
| 99485  | Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes   | No                  |     |                   | MMP           |
| 99486  | Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 99487  | Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month   | No                  |     |                   | MMP           |
| 99489  | Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--|---------------------|-----|-------------------|---------------|
| 99492 | Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.   | No                  |     |                   | MMP           |
| 99493 | Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment. | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 99494  | Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) | No                  |                       |                   | MMP           |
| 99495  | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge          | No                  |                       |                   | MMP           |
| 99496  | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge                        | No                  |                       |                   | MMP           |
| 99497  | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate  | No                  |                       |                   | MMP           |
| 99498  | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)   | No                  |                       |                   | MMP           |
| 99499  | UNLISTED EVALUATION AND MANAGEMENT SERVICE  | Yes                 |                       |                   | MMP           |
| 99500  | HOME VISIT FOR PRENATAL ASSESSMENT  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| 99501  | Home visit for postnatal assessment and follow-up care  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99502  | Home visit for newborn care and assessment  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99503  | Home visit for respiratory therapy care (eg, bronchodilator, oxygen)  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99504  | Home visit for mechanical ventilation care  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99505  | HOME VISIT FOR STOMA CARE   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99506  | Home visit for intramuscular injections   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99507  | Home visit for care and maintenance of catheter(s) (eg, urinary, drainage,  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99509  | HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING   | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| 99510  | HOME VISIT FOR INDIVIDUAL, FAMILY OR MARRIAGE COUNSELING  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |

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|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 99511  | HOME VISIT FOR FECAL IMPACTION  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99512  | Home visit for hemodialysis   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99600  | UNLISTED HOME VISIT SERVICE OR PROCEDURE  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| 99601  | HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99602  | HOME INFUSION/SPECIALTY DRUG ADMIN, PER VISIT (UP TO 2 HRS); EACH ADDITIONAL HOUR LIST SEPARATELY IN ADDITION TO PRIMARY PROC   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 99605  | MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, NEW PATIENT   | No                  |                       |                   | MMP           |
| 99606  | MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, ESTABLISHED PATIENT   | No                  |                       |                   | MMP           |
| 99607  | MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)  | No                  |                       |                   | MMP           |
| 0001F  | HEART FAILURE ASSESSED: (INCL ASSESSMENT OF ALL THE FOLLOWING COMPONENTS): BLOOD PRESSURE MEASURED (2000F); LEVEL OF ACTIVITY ASSE  | Not Covered         | <a href="#">INFO</a>  |                   | MMP           |
| 0001M  | Infectious disease, HCV, 6 biochemical assays, prognostic scores for fibrosis and necroinflammatory activity in liver   | No                  |                       |                   | MMP           |
| 0002M  | Liver disease, 10 biochemical assays, prognostic scores for fibrosis, steatosis and alcoholic steatohepatitis   | Yes                 |                       |                   | MMP           |
| 0002M  | Liver disease, 10 biochemical assays, prognostic scores for fibrosis, steatosis and alcoholic steatohepatitis   | No                  |                       |                   | MMP           |
| 0002U  | oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps | Not Covered         |                       |                   | MMP           |
| 0003M  | Liver disease, 10 biochemical assays, prognostic scores for fibrosis, steatosis and nonalcoholic steatohepatitis  | Yes                 |                       |                   | MMP           |
| 0003M  | Liver disease, 10 biochemical assays, prognostic scores for fibrosis, steatosis and nonalcoholic steatohepatitis  | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 0003U  | oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin ), utilizing serum, algorithm reported as a likelihood score  | Yes                 |                      |                   | MMP           |
| 0003U  | oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin ), utilizing serum, algorithm reported as a likelihood score  | No                  |                      |                   | MMP           |
| 0004M  | Scoliosis, DNG analysis of 53 single nucleotide polymorphisms, (SNPs), using saliva  | Yes                 |                      |                   | MMP           |
| 0004U  | Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes detected or not detected, per isolate (Gram-Negative Bacterial Resistance Gene PCR Panel           | Not Covered         |                      |                   | MMP           |
| 0005F  | OSTEOARTHRITIS ASSESSED-INCLS COMPNTS: (1006F) SYMPT&FUNCT; (1007F) ANTI FLAM /OTC MED USE; (2004F) INIT EXAM OF INVOLVD JOINTS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0006M  | Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier  | Yes                 |                      |                   | MMP           |
| 0007M  | Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index  | Yes                 |                      |                   | MMP           |
| 0008M  | Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score  | Yes                 |                      |                   | MMP           |
| 0009U  | Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified   | Not Covered         |                      |                   | MMP           |
| 0010M  | Oncology (High-Grade Prostate Cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA and human kallikrein 2 [hK2]) plus patient age, digital rectal examination status, and no history of positive prostate biopsy, utilizing plasma, prognostic algorithm reported as a probability score | Not Covered         |                      |                   | MMP           |
| 0010U  | Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate   | Not Covered         |                      |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 0012F  | COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSESSMENT (INCLUDES ALL OF THE FOLLOWING COMPONENTS) (CAP): CO-MORBID CONDITIONS ASSESSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0012M  | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma   | Yes                 |                      |                   | MMP           |
| 0012U  | Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)  | Not Covered         |                      |                   | MMP           |
| 0013M  | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma  | Yes                 |                      |                   | MMP           |
| 0013U  | Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)  | Not Covered         |                      |                   | MMP           |
| 0014F  | Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within twelve months prior to cataract surgery (2020F), Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within six twelve months prior to surgery) (3073F), Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within twelve months prior to cataract surgery) (3325F) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0014U  | Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome nextgeneration sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)   | Not Covered         |                      |                   | MMP           |
| 0015F  | Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F), Complete physical skin exam performed (2029F), Patient counseled to perform a monthly self skin examination (5005F)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0015U  | Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support   | Not Covered         |     |                   | MMP           |
| 0025U  | Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative  | Yes                 |     |                   | MMP           |
| 0035U  | Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative   | No                  |     |                   | MMP           |
| 0036U  | Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses   | Not Covered         |     |                   | MMP           |
| 0037U  | Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | Yes                 |     |                   | MMP           |
| 0038U  | Vitamin D, 25 hydroxy D2 and D3, by LCMS/MS, serum microsample, quantitative   | No                  |     |                   | MMP           |
| 0039U  | Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity  | No                  |     |                   | MMP           |
| 0040U  | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative   | Yes                 |     |                   | MMP           |
| 0041U  | Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM   | No                  |     |                   | MMP           |
| 0042T  | CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY W/CONTRAST ADMIN, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS W/DETERMINATI   | No                  |     |                   | MMP           |
| 0042U  | Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG  | No                  |     |                   | MMP           |
| 0043U  | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM  | No                  |     |                   | MMP           |
| 0044U  | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG  | No                  |     |                   | MMP           |
| 0045U  | Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by realtime RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score   | Yes                 |     |                   | MMP           |
| 0046U  | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative   | Yes                 |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0047U  | Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score   | Yes                 |     |                   | MMP           |
| 0048T  | IMPLANTATION OF VENTRICULAR ASSIST DEVICE, EXTRACORPORAL, PERCUTANEOUS TRANSSEPTAL ACCESS, SINGLE OR DUAL CANNULATION   | Yes                 |     |                   | MMP           |
| 0048U  | Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s) | Yes                 |     |                   | MMP           |
| 0049U  | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative   | Yes                 |     |                   | MMP           |
| 0050U  | Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements  | Yes                 |     |                   | MMP           |
| 0051U  | Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service  | No                  |     |                   | MMP           |
| 0052U  | Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation  | No                  |     |                   | MMP           |
| 0053U  | Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade   | Yes                 |     |                   | MMP           |
| 0054T  | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)  | Not Covered         |     |                   | MMP           |
| 0054U  | Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service                                    | No                  |     |                   | MMP           |
| 0055T  | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)  | Not Covered         |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0055U  | Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma  | Yes                 |     |                   | MMP           |
| 0056U  | Hematology (acute myelogenous leukemia), DNA, whole genome nextgeneration sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)  | Yes                 |     |                   | MMP           |
| 0057U  | Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffinembedded tissue, algorithm reported as a normalized percentile rank   | Yes                 |     |                   | MMP           |
| 0058T  | Cryopreservation; Reproductive Tissue, Ovarian  | Not Covered         |     |                   | MMP           |
| 0058U  | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative   | No                  |     |                   | MMP           |
| 0059U  | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative  | No                  |     |                   | MMP           |
| 0060U  | Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood  | Yes                 |     |                   | MMP           |
| 0061U  | Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis | Yes                 |     |                   | MMP           |
| 0062U  | Autoimmune (systemic lupus erythem  | Yes                 |     |                   | MMP           |
| 0063U  | Neurology (autism), 32 amines by LC/MS  | Yes                 |     |                   | MMP           |
| 0064U  | Antibody, Treponema pallidum, total a   | No                  |     |                   | MMP           |
| 0065U  | Syphilis test, non-treponemal antibody  | No                  |     |                   | MMP           |
| 0066U  | Placental alpha-micro globulin-1 (PAM)  | Yes                 |     |                   | MMP           |
| 0067U  | Oncology (breast), immunohistochemi   | Yes                 |     |                   | MMP           |
| 0068U  | Candida species panel (C. albicans, C   | No                  |     |                   | MMP           |
| 0069U  | Oncology (colorectal), microRNA, RT-PCR   | Yes                 |     |                   | MMP           |
| 0070U  | CYP2D6 (cytochrome P450, family 2, subf   | Yes                 |     |                   | MMP           |
| 0071U  | CYP2D6 (cytochrome P450, family 2, subf   | Yes                 |     |                   | MMP           |
| 0072U  | CYP2D6 (cytochrome P450, family 2, subf   | Yes                 |     |                   | MMP           |
| 0073U  | CYP2D6 (cytochrome P450, family 2, subf   | Yes                 |     |                   | MMP           |
| 0074U  | CYP2D6 (cytochrome P450, family 2, subf   | Yes                 |     |                   | MMP           |
| 0075U  | CYP2D6 (cytochrome P450, family 2, subf   | Yes                 |     |                   | MMP           |
| 0076U  | CYP2D6 (cytochrome P450, family 2, subf   | Yes                 |     |                   | MMP           |
| 0077U  | Immunoglobulin paraprotein (M-protein), q   | Yes                 |     |                   | MMP           |
| 0078U  | Pain management (opioid-use disorde   | Yes                 |     |                   | MMP           |
| 0079U  | Comparative DNA analysis using mult   | Yes                 |     |                   | MMP           |
| 0071T  | FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLD MR GUIDANCE; TOT LEIOMYOMATA VOLUME LESS THAN 200 CC OF ISSUE   | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0072T  | FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLD MR GUIDANCE; TOT LEIOMYOMATA VOLUME < OR EQL TO 200 CC OF ISSUE          | Not Covered         |     |                   | MMP           |
| 0075T  | TRANSCATHETER PLACMNT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S) INCLDG RADIOLOGIC SPRVSN & INTPRTN, PERCU | No                  |     |                   | MMP           |
| 0076T  | TRANSCATHETER PLACMNT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S) INCLDG RADIOLOGIC SPRVSN & INTPRTN, PERCU | No                  |     |                   | MMP           |
| 0085T  | BREATH TEST FOR HEART TRANSPLANT REJECTION   | Not Covered         |     |                   | MMP           |
| 0095T  | REMOVAL OF TOTAL DISK ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FRO PRIMARY | No                  |     |                   | MMP           |
| 0098T  | REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIM P | No                  |     |                   | MMP           |
| 0100T  | PLACE A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER & PULSE GENERATOR, & IMPLANT INTRA-OCULAR RETINAL ELECTRODE ARRAY, W/VITRECTOM | Not Covered         |     |                   | MMP           |
| 0101T  | EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED; HIGH ENERGY                                   | Not Covered         |     |                   | MMP           |
| 0102T  | EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY PHYSICIAN, REQUIRING ANESTHESIA OTH THAN LOCAL, INVOLVING LATERAL HUMERAL EPI | Not Covered         |     |                   | MMP           |
| 0106T  | QUANTITATIVE SENSORY TESTING (QST), TESTING & INTERP PER EXTREMITY; USE TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION  | Not Covered         |     |                   | MMP           |
| 0107T  | QUANTITATIVE SENSORY TESTING (QST), TESTING & INTERP PER EXTREMITY; USE VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION | Not Covered         |     |                   | MMP           |
| 0108T  | QUANTITATIVE SENSORY TESTING (QST), TEST & INTERP PER EXTREMITY; USE COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION & HYPER | Not Covered         |     |                   | MMP           |
| 0109T  | QUANTITATIVE SENSORY TESTING (QST), TEST & INTERP PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION & H | Not Covered         |     |                   | MMP           |
| 0110T  | QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERP PER EXTREMITY, USING OTHER STIMULI TO ASSESS SENSATION                      | Not Covered         |     |                   | MMP           |
| 0111T  | LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0126T  | COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVAL OF ATHEROSCLEROTIC BURDEN OF CORONARY HEART DISEASE RISK FACTOR ASSESSM                                     | Not Covered         |     |                   | MMP           |
| 0140T  | EXHALED BREATH CONDENSATE PH   | No                  |     |                   | MMP           |
| 0141T  | PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, PERCUTANEOUS  | Not Covered         |     |                   | MMP           |
| 0142T  | PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, OPEN  | Not Covered         |     |                   | MMP           |
| 0159T  | COMPUTER AIDED DETECTION, INCL COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMOCOKINETI                                     | Not Covered         |     |                   | MMP           |
| 0164T  | REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE  | No                  |     |                   | MMP           |
| 0165T  | REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE   | Not Covered         |     |                   | MMP           |
| 0174T  | COMPUTER AIDED DETECTION (CAD) W/FURTHER PHYSICIAN REVIEW FOR INTERP/RPRT, W OR WO DIGITIZATION OF FILM X-RAY IMAGES, CHEST, CONC                                      | Not Covered         |     |                   | MMP           |
| 0175T  | COMPUTER AIDED DETECTION (CAD) W/FURTHER PHYSICIAN RVW FOR INTERP/RPT, W OR W/O DIGITIZATION OF FILM IMAGES, CHEST XRAYS, REMOTE                                       | Not Covered         |     |                   | MMP           |
| 0184T  | Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)                                    | No                  |     |                   | MMP           |
| 0188T  | REMOTE REAL-TIME INTERACTIVE VIDEOCONFERENCED CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30-74 MINUTES        | No                  |     |                   | MMP           |
| 0189T  | REMOTE REAL-TIME INTERACTIVE VIDEOCONFERENCED CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; EACH ADDITIONAL 30 MINUTES | No                  |     |                   | MMP           |
| 0190T  | PLACEMENT OF INTRAOCULAR RADIATION SOURCE APPLICATOR   | No                  |     |                   | MMP           |
| 0191T  | Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork                                  | No                  |     |                   | MMP           |
| 0195T  | Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace      | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0196T  | Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)                   | Not Covered         |     |                   | MMP           |
| 0198T  | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report   | No                  |     |                   | MMP           |
| 0200T  | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles   | Not Covered         |     |                   | MMP           |
| 0201T  | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles  | Not Covered         |     |                   | MMP           |
| 0202T  | POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine | No                  |     |                   | MMP           |
| 0205T  | INTRAVASCULAR CATHETER-BASED CORONARY VESSEL OR GRAFT SPECTROSCOPY DURING DX EVAL &/OR TX INTERVEN INCL IMAGING SUPV/INTRP/RPT, EA   | No                  |     |                   | MMP           |
| 0206T  | ALGORITHMIC ANALYSIS, REMOTE, OF ELECTROCARDIOGRAPHIC DERIVED DATA WITH COMPUTER PROBABILITY ASSESSMENT, INCL REPORT   | Not Covered         |     |                   | MMP           |
| 0207T  | EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL  | No                  |     |                   | MMP           |
| 0208T  | Pure tone audiometry (threshold), automated; air only  | No                  |     |                   | MMP           |
| 0209T  | Pure tone audiometry (threshold), automated; air and bone  | No                  |     |                   | MMP           |
| 0210T  | Speech audiometry threshold, automated (includes use of computer-assisted device)  | No                  |     |                   | MMP           |
| 0211T  | Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition   | No                  |     |                   | MMP           |
| 0212T  | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)   | No                  |     |                   | MMP           |
| 0213T  | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0214T  | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)                      | Yes                 |     |                   | MMP           |
| 0215T  | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | Yes                 |     |                   | MMP           |
| 0216T  | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level  | Yes                 |     |                   | MMP           |
| 0217T  | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)                          | Yes                 |     |                   | MMP           |
| 0218T  | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)     | Yes                 |     |                   | MMP           |
| 0219T  | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical  | No                  |     |                   | MMP           |
| 0220T  | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic  | No                  |     |                   | MMP           |
| 0221T  | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar  | No                  |     |                   | MMP           |
| 0222T  | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)             | No                  |     |                   | MMP           |
| 0228T  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level  | Yes                 |     |                   | MMP           |
| 0229T  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (list separately in addition to code for primary procedure)   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0230T  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level  | Yes                 |     |                   | MMP           |
| 0231T  | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (list separately in addition to code for primary procedure)                                       | Yes                 |     |                   | MMP           |
| 0232T  | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed   | Not Covered         |     |                   | MMP           |
| 0234T  | TRANSLUMINAL PERIPHERAL ATHERECTOMY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RENAL ARTERY  | No                  |     |                   | MMP           |
| 0235T  | TRANSLUMINAL PERIPHERAL ATHERECTOMY, INCL RADIOLOGICAL SUPERVISION & INTERPRETATION; VISCERAL ARTERY (EXCEPT RENAL), EA VESSEL  | No                  |     |                   | MMP           |
| 0236T  | TRANSLUMINAL PERIPHERAL ATHERECTOMY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ABDOMINAL AORTA   | No                  |     |                   | MMP           |
| 0237T  | TRANSLUMINAL PERIPHERAL ATHERECTOMY, INCL RADIOLOGICAL SUPERVISION & INTERPRETATION; BRACHIOCEPHALIC TRUNK & BRANCHES, EA VESSEL  | No                  |     |                   | MMP           |
| 0238T  | TRANSLUMINAL PERIPHERAL ATHERECTOMY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ILIAC ARTERY, EACH VESSEL   | No                  |     |                   | MMP           |
| 0249T  | LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE  | No                  |     |                   | MMP           |
| 0254T  | ENDOVASCULAR RPR ILIAC ARTERY BIFURCATION USING BIFURCATED ENDOPROSTHESIS FROM COMMON ILIAC ARTERY INTO BOTH EXT/INT ILIAC, UNILAT  | No                  |     |                   | MMP           |
| 0263T  | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest | Not Covered         |     |                   | MMP           |
| 0264T  | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest                         | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0265T  | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy  | Not Covered         |     |                   | MMP           |
| 0266T  | Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)  | Not Covered         |     |                   | MMP           |
| 0267T  | Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)  | Not Covered         |     |                   | MMP           |
| 0268T  | Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)   | Not Covered         |     |                   | MMP           |
| 0269T  | Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)  | Not Covered         |     |                   | MMP           |
| 0270T  | Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)  | Not Covered         |     |                   | MMP           |
| 0271T  | Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)   | Not Covered         |     |                   | MMP           |
| 0272T  | Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day) | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0273T  | Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming | Not Covered         |     |                   | MMP           |
| 0274T  | Percutaneous laminotomy/laminectomy (intra-laminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic   | No                  |     |                   | MMP           |
| 0275T  | Percutaneous laminotomy/laminectomy (intra-laminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar   | Not Covered         |     |                   | MMP           |
| 0278T  | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)  | Not Covered         |     |                   | MMP           |
| 0290T  | Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 0295T  | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation  | No                  |     |                   | MMP           |
| 0296T  | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)   | No                  |     |                   | MMP           |
| 0297T  | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report   | No                  |     |                   | MMP           |
| 0298T  | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0308T  | Insertion of ocular telescope prosthesis including removal of crystalline lens  | No                  |     |                   | MMP           |
| 0309T  | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary procedure) | Yes                 |     |                   | MMP           |
| 0311T  | Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report   | No                  |     |                   | MMP           |
| 0312T  | Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming                   | Not Covered         |     |                   | MMP           |
| 0313T  | Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator  | Not Covered         |     |                   | MMP           |
| 0314T  | Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator  | Not Covered         |     |                   | MMP           |
| 0315T  | Vagus nerve blocking therapy (morbid obesity); removal of pulse generator   | Not Covered         |     |                   | MMP           |
| 0316T  | Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator   | Not Covered         |     |                   | MMP           |
| 0317T  | Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed   | Not Covered         |     |                   | MMP           |
| 0329T  | Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report  | Not Covered         |     |                   | MMP           |
| 0330T  | Tear film imaging, unilateral or bilateral, with interpretation and report  | Not Covered         |     |                   | MMP           |
| 0331T  | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;   | Not Covered         |     |                   | MMP           |
| 0332T  | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT  | Not Covered         |     |                   | MMP           |
| 0333T  | Visual evoked potential, screening of visual acuity, automated  | Not Covered         |     |                   | MMP           |
| 0335T  | Extra-osseous subtalar joint implant for talotarsal stabilization   | Not Covered         |     |                   | MMP           |
| 0337T  | Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 0338T  | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral | Not Covered         |                      |                   | MMP           |
| 0339T  | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral  | Not Covered         |                      |                   | MMP           |
| 0341T  | Quantitative pupillometry with interpretation and report, unilateral or bilateral   | Not Covered         |                      |                   | MMP           |
| 0342T  | Therapeutic apheresis with selective HDL delipidation and plasma reinfusion   | Not Covered         |                      |                   | MMP           |
| 0346T  | Ultrasound, elastography (List separately in addition to code for primary procedure)  | No                  |                      |                   | MMP           |
| 0347T  | Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0348T  | Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0349T  | Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0350T  | Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0351T  | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0352T  | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0353T  | Optical coherence tomography of breast, surgical cavity; real time intraoperative   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0354T  | Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0355T  | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 0356T  | Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0357T  | Cryopreservation; immature oocyte(s)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0358T  | Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0375T  | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels  | No                  |                      |                   | MMP           |
| 0376T  | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)   | No                  |                      |                   | MMP           |
| 0377T  | Anoscopy with directed submucosal injection of bulking agent for fecal incontinence   | Not Covered         |                      |                   | MMP           |
| 0378T  | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional  | Not Covered         |                      |                   | MMP           |
| 0379T  | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional | Not Covered         |                      |                   | MMP           |
| 0380T  | Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report  | Not Covered         |                      |                   | MMP           |
| 0381T  | External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional   | Not Covered         |                      |                   | MMP           |
| 0382T  | External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only   | Not Covered         |                      |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0383T  | External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional | Not Covered         |     |                   | MMP           |
| 0384T  | External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only   | Not Covered         |     |                   | MMP           |
| 0385T  | External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional  | Not Covered         |     |                   | MMP           |
| 0386T  | External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only  | Not Covered         |     |                   | MMP           |
| 0387T  | Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular  | Not Covered         |     |                   | MMP           |
| 0388T  | Transcatheter removal of permanent leadless pacemaker, ventricular   | Not Covered         |     |                   | MMP           |
| 0389T  | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system  | Not Covered         |     |                   | MMP           |
| 0390T  | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system   | Not Covered         |     |                   | MMP           |
| 0391T  | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system  | Not Covered         |     |                   | MMP           |
| 0394T  | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed  | No                  |     |                   | MMP           |
| 0395T  | High dose rate electronic brachytherapy, interstitial or intracavity, per fraction, includes basic dosimetry, when performed   | No                  |     |                   | MMP           |
| 0396T  | Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0397T  | Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)  | Not Covered         |     |                   | MMP           |
| 0398T  | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed   | Not Covered         |     |                   | MMP           |
| 0399T  | Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| 0400T  | Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions   | Not Covered         |     |                   | MMP           |
| 0401T  | Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions   | Not Covered         |     |                   | MMP           |
| 0402T  | Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)   | Yes                 |     |                   | MMP           |
| 0403T  | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day  | No                  |     |                   | MMP           |
| 0404T  | Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency  | No                  |     |                   | MMP           |
| 0405T  | Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time | Not Covered         |     |                   | MMP           |
| 0406T  | Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant   | No                  |     |                   | MMP           |
| 0407T  | Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement  | No                  |     |                   | MMP           |
| 0408T  | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0409T  | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only   | Not Covered         |     |                   | MMP           |
| 0410T  | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only  | Not Covered         |     |                   | MMP           |
| 0411T  | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only   | Not Covered         |     |                   | MMP           |
| 0412T  | Removal of permanent cardiac contractility modulation system; pulse generator only  | Not Covered         |     |                   | MMP           |
| 0413T  | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)   | Not Covered         |     |                   | MMP           |
| 0414T  | Removal and replacement of permanent cardiac contractility modulation system pulse generator only   | Not Covered         |     |                   | MMP           |
| 0415T  | Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)  | Not Covered         |     |                   | MMP           |
| 0416T  | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator  | Not Covered         |     |                   | MMP           |
| 0417T  | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system | Not Covered         |     |                   | MMP           |
| 0418T  | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system   | Not Covered         |     |                   | MMP           |
| 0419T  | Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibroma   | Yes                 |     |                   | MMP           |
| 0420T  | Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibroma   | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0421T  | Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed) | Not Covered         |     |                   | MMP           |
| 0422T  | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral  | Not Covered         |     |                   | MMP           |
| 0423T  | Secretory type II phospholipase A2 (sPLA2-IIA)   | Not Covered         |     |                   | MMP           |
| 0424T  | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)  | Yes                 |     |                   | MMP           |
| 0425T  | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only   | Yes                 |     |                   | MMP           |
| 0426T  | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only   | Yes                 |     |                   | MMP           |
| 0427T  | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only  | Yes                 |     |                   | MMP           |
| 0428T  | Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only   | No                  |     |                   | MMP           |
| 0429T  | Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only  | No                  |     |                   | MMP           |
| 0430T  | Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only  | No                  |     |                   | MMP           |
| 0431T  | Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only   | No                  |     |                   | MMP           |
| 0432T  | Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only  | No                  |     |                   | MMP           |
| 0433T  | Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only  | No                  |     |                   | MMP           |
| 0434T  | Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea   | No                  |     |                   | MMP           |
| 0435T  | Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session  | No                  |     |                   | MMP           |
| 0436T  | Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study  | No                  |     |                   | MMP           |
| 0437T  | Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to primary procedure)   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0439T  | Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to primary procedure)   | Not Covered         |     |                   | MMP           |
| 0440T  | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve  | Yes                 |     |                   | MMP           |
| 0441T  | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve  | Yes                 |     |                   | MMP           |
| 0442T  | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)  | Yes                 |     |                   | MMP           |
| 0443T  | Real time spectral analysis of prostate tissue by fluorescence spectroscopy   | Not Covered         |     |                   | MMP           |
| 0444T  | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral  | Not Covered         |     |                   | MMP           |
| 0445T  | Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral  | Not Covered         |     |                   | MMP           |
| 0446T  | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training   | No                  |     |                   | MMP           |
| 0447T  | Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision  | No                  |     |                   | MMP           |
| 0448T  | Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation   | No                  |     |                   | MMP           |
| 0449T  | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device  | No                  |     |                   | MMP           |
| 0450T  | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 0451T  | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes) | Yes                 |     |                   | MMP           |
| 0452T  | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0453T  | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface   | Yes                 |     |                   | MMP           |
| 0454T  | Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode  | Yes                 |     |                   | MMP           |
| 0455T  | Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)   | No                  |     |                   | MMP           |
| 0456T  | Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal  | No                  |     |                   | MMP           |
| 0457T  | Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface  | No                  |     |                   | MMP           |
| 0458T  | Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode   | No                  |     |                   | MMP           |
| 0459T  | Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano- electrical skin interface and electrodes   | No                  |     |                   | MMP           |
| 0460T  | Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode  | No                  |     |                   | MMP           |
| 0461T  | Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device  | No                  |     |                   | MMP           |
| 0462T  | Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day | No                  |     |                   | MMP           |
| 0463T  | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day   | No                  |     |                   | MMP           |
| 0464T  | Visual evoked potential, testing for glaucoma, with interpretation and report  | Not Covered         |     |                   | MMP           |
| 0465T  | Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 0466T  | Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| 0467T  | Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator   | No                  |     |                   | MMP           |
| 0468T  | Removal of chest wall respiratory sensor electrode or electrode array   | No                  |     |                   | MMP           |
| 0469T  | Retinal polarization scan, ocular screening with on-site automated results, bilateral   | Not Covered         |     |                   | MMP           |
| 0472T  | Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional | Not Covered         |     |                   | MMP           |
| 0473T  | Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional  | Not Covered         |     |                   | MMP           |
| 0474T  | Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space   | No                  |     |                   | MMP           |
| 0475T  | Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional   | Not Covered         |     |                   | MMP           |
| 0476T  | Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage   | Not Covered         |     |                   | MMP           |
| 0477T  | Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result   | Not Covered         |     |                   | MMP           |
| 0478T  | Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional   | Not Covered         |     |                   | MMP           |
| 0479T  | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm <sup>2</sup> or part thereof, or 1% of body surface area of infants and children  | Yes                 |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 0480T  | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm <sup>2</sup> , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)                                      | Yes                 |                       |                   | MMP           |
| 0481T  | Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| 0482T  | Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)   | No                  |                       |                   | MMP           |
| 0483T  | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed   | Not Covered         |                       |                   | MMP           |
| 0484T  | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)   | Yes                 |                       |                   | MMP           |
| 0485T  | Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral  | Yes                 |                       |                   | MMP           |
| 0486T  | Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral   | Yes                 |                       |                   | MMP           |
| 0487T  | Biomechanical mapping, transvaginal, with report  | Not Covered         |                       |                   | MMP           |
| 0488T  | Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days   | No                  |                       |                   | MMP           |
| 0489T  | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells | Not Covered         |                       |                   | MMP           |
| 0490T  | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands   | Not Covered         |                       |                   | MMP           |
| 0491T  | Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less  | Yes                 |                       |                   | MMP           |
| 0492T  | Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)   | Yes                 |                       |                   | MMP           |
| 0493T  | Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)  | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 0494T  | Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 0495T  | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 0496T  | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure) | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| 0497T  | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection   | No                  |                       |                   | MMP           |
| 0498T  | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event  | No                  |                       |                   | MMP           |
| 0499T  | Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed  | No                  |                       |                   | MMP           |
| 0500F  | INITIAL PRENATAL CARE VISIT (RPT AT 1ST PRENATAL ENCOUNTER W/HLTH CARE PROFESSIONAL PROVIDING OBSTETRICAL CARE. RPT ALSO DATE VISI  | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 0500T  | Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)  | No                  |                      |                   | MMP           |
| 0501F  | PRENATAL FLOW SHEET DOCUMENTED IN MED RECD BY 1ST PRENATAL VISIT (DOC INCLDS AT MIN BLOOD PRESSURE, WT, URINE PROTEIN, UTERINE SZ,  | No                  |                      |                   | MMP           |
| 0501T  | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report | No                  |                      |                   | MMP           |
| 0502F  | SUBSEQUENT PRENATAL CARE VISIT (EXCLUDES: PTS WHO ARE SEEN FOR A CONDITION UNRELATED TO PREGNANCY OR PRENATAL CARE (EG, UPPER RESP  | No                  |                      |                   | MMP           |
| 0502T  | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission   | No                  |                      |                   | MMP           |
| 0503F  | POSTPARTUM CARE VISIT   | No                  |                      |                   | MMP           |
| 0503T  | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model  | No                  |                      |                   | MMP           |
| 0504T  | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report   | No                  |                      |                   | MMP           |
| 0505F  | HEMODIALYSIS PLAN OF CARE DOCUMENTED (ESRD)1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 0505T  | Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion | No                  |                      |                   | MMP           |
| 0506T  | Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report  | No                  |                      |                   | MMP           |
| 0507F  | PERITONEAL DIALYSIS PLAN OF CARE DOCUMENTED (ESDRD)1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0507T  | Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report   | No                  |                      |                   | MMP           |
| 0508T  | Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia  | No                  |                      |                   | MMP           |
| 0509F  | URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0509T  | Electroretinography (ERG) with interpretation and report, pattern (PERG)  | Yes                 |                      |                   | MMP           |
| 0513F  | ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0514F  | PLAN OF CARE FOR ELEVATED HEMOGLOBIN LEVEL DOCUMENTED FOR PATIENT RECEIVING ERYTHROPOIESIS-STIMULATING AGENT (ESA) THERAPY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0516F  | ANEMIA PLAN OF CARE DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0517F  | GLAUCOMA PLAN OF CARE DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0518F  | FALLS PLAN OF CARE DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0519F  | Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0520F  | Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues/organs   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0521F  | Plan of care to address pain documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0525F  | Initial visit for episode   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0526F  | Subsequent visit for episode  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0528F  | Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0529F  | Interval of 3 or more years since patient's last colonoscopy, documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0535F  | Dyspnea management plan of care, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0540F  | Glucorticoid Management Plan Documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0545F  | Plan for follow-up care for major depressive disorder, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 0550F  | Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH)                | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0551F  | Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0555F  | Symptom management plan of care documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0556F  | Plan of care to achieve lipid control documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0557F  | Plan of care to manage anginal symptoms documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0575F  | HIV RNA control plan of care, documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 0580F  | Multidisciplinary care plan developed or updated (DSP)  | Not Covered         |                      |                   | MMP           |
| 0581F  | Patient transferred directly from anesthetizing location to critical care unit (Peri2)  | Not Covered         |                      |                   | MMP           |
| 0582F  | Patient not transferred directly from anesthetizing location to critical care unit (Peri2)  | Not Covered         |                      |                   | MMP           |
| 0583F  | Transfer of care checklist used (Peri2)   | Not Covered         |                      |                   | MMP           |
| 0584F  | Transfer of care checklist not used (Peri2)   | Not Covered         |                      |                   | MMP           |
| 1000F  | TOBACCO USE ASSESSED (CAD, CAP, COPD, PV) (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1002F  | ANGINAL SYMPTOMS AND LEVEL OF ACTIVITY, ASSESSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1003F  | LEVEL OF ACTIVITY ASSESSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1004F  | CLINICAL SYMPTOMS OF VOLUME OVERLOAD (EXCESS) ASSESSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1005F  | ASTHMA SYMPTOMS EVALUATED (INCLS PHYS DOCUMENTATION (# FREQ OF SYMP) OR PAT COMPL OF ASTHMA ASSMT TOOL/SURVEY/QUESTIONAIRE)       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1006F  | OSTEOARTHRITIS SYMP & FUNCT STAT ASSESS (MAY INCL USE OF STAND SCALE OR QUESTIONAIRE SUCH AS SF-36, AAOS HIP&KNEE. REPORT W ENC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1007F  | ASSESSMT OF USE OF ANTI-INFLAMMATORY OR ANALGESIC OTC MEDS FOR SYMP RELIEF  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1008F  | GASTROINTESTINAL AND RENAL RISK FACTORS ASSESSED FOR PATS ON RX OR OTC NON-STEROIDAL ANTI-INFLAMMATORY DRUG (NSAID)               | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1011F  | Angina present  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1012F  | Angina absent   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1015F  | CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) SYMPTOMS ASSESSED (INCL ASSESSMENT OF AT LEAST ONE OF THE FOLLOWING: DYSPNEA, COUGH/ | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1018F  | DYSPNEA ASSESSED, NOT PRESENT (COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1019F  | DYSPNEA ASSESSED, PRESENT (COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1022F  | PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED (CAP, COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 1026F  | CO-MORBID CONDITIONS ASSESSED (CAP) (EG, INCL ASSESS FOR PRESENCE/ABSENCE OF: MALIG, LIVER DIS, CHF, CV DIS, RENAL DIS, COPD, ASTH | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1030F  | INFLUENZA IMMUNIZATION STATUS ASSESSED (CAP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1031F  | Smoking status and exposure to second hand smoke in the home assessed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1032F  | Current tobacco smoker OR currently exposed to secondhand smoke  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1033F  | Current tobacco non-smoker AND not currently exposed to secondhand smoke(  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1034F  | CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1035F  | CURRENT SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) (PV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1036F  | CURRENT TOBACCO NON-USER (CAD, CAP, COPD, PV) (DM)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1038F  | PERSISTENT ASTHMA (MILD, MODERATE, OR SEVERE) (ASTHMA)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1039F  | INTERMITTENT ASTHMA (ASTHMA)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1040F  | DSM-IV CRITERIA FOR MAJOR DEPRESSIVE DISORDER DOCUMENTED (MDD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1050F  | HISTORY OBTAINED REAGRDNING NEW OR CHANGING MOLES  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1052F  | Type, anatomic location, and activity all assessed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1055F  | VISUAL FUNCTIONAL STATUS ASSESSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1060F  | DOCUMENTATION OF PERMANENT OR PERSISTENT OR PAROXYSMAL ATRIAL FIBRILLATION   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1061F  | DOCUMENTATION OF ABSCENCE OF PERMANENT AND PERSISTENT AND PAROXYSMAL ATRIAL FIBRILLATION   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1065F  | ISCHEMIC STROKE SYMPTOM ONSET OF LESS THAN 3 HOURS PRIOR TO ARRIVAL  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1066F  | ISCHEMIC STROKE SYMPTOM ONSET GREATER THAN OR EQUAL TO 3 HOURS PRIOR TO ARRIVAL  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1070F  | ALARM SYMPTOMS (INVOLUNTARY WEIGHT LOSS, DYSPHAGIA, OR GASTROINTESTINAL BLEEDING) ASSESSED; NONE PRESENT                           | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1071F  | ALARM SYMPTOMS (INVOLUNTARY WEIGHT LOSS, DYSPHAGIA, OR GASTROINTESTINAL BLEEDING) ASSESSED; ONE OR MORE PRESENT                    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1090F  | PRESENCE OR ABSENCE OF URINARY INCONTINENCE ASSESSED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1091F  | URINARY INCONTINENCE CHARACTERIZED (EG FREQUENCY, VOLUME, TIMING, TYPE OF SYMPTOMS, HOW BOTHERSOME)                                | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1100F  | PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF 2 OR MORE FALLS IN THE PAST YEAR OR ANY FALL W/INJURY IN THE PAST YR (GER) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 1101F  | PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF NO FALLS IN THE PAST YEAR OR ONLY 1 FALL WITHOUT INJURY IN THE PAST YEAR   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1110F  | PATIENT DISCHARGED FROM AN INPT FACILITY (EG HOSPITAL, SNF, OR REHAB FAC) WITHIN THE LAST 60 DAYS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1111F  | DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDICATION LIST IN OUTPATIENT MEDICAL RECORD   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1116F  | Auricular or periauricular pain assessed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1118F  | GERD symptoms assessed after 12 months of therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1119F  | Initial evaluation for condition   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1121F  | Subsequent evaluation for condition  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1123F  | Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1124F  | Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1125F  | Pain severity quantified; pain present   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1126F  | Pain severity quantified; no pain present  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1127F  | New episode for condition (NMA – No Measure Associated)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1128F  | Subsequent episode for condition (NMA – No Measure Associated)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1130F  | Back pain and function assessed, including all of the following: Pain assessment AND functional status AND patient history, including notation of presence or absence of “red flags” (warning signs) AND assessment of prior treatment and response, AND employment status | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1134F  | Episode of back pain lasting six weeks or less   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1135F  | Episode of back pain lasting longer than six weeks   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1136F  | Episode of back pain lasting 12 weeks or less  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1137F  | Episode of back pain lasting longer than 12 weeks  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1150F  | Documentation that a patient has a substantial risk of death within one year   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1151F  | Documentation that a patient does not have a substantial risk of death within one year   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1152F  | Documentation of advanced disease diagnosis, goals of care prioritize comfort  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1153F  | Documentation of advanced disease diagnosis, goals of care do not prioritize comfort   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1157F  | Advance care plan or similar legal document present in the medical record  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1158F  | Advance care planning discussion documented in the medical record  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1159F  | Medication list documented in medical record   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 1160F  | Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1170F  | Functional status assessed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1175F  | Functional status for dementia assessed and results reviewed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1180F  | All specified thromboembolic risk factors assessed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1181F  | Neuropsychiatric symptoms assessed and results reviewed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1182F  | Neuropsychiatric symptoms, one or more present   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1183F  | Neuropsychiatric symptoms, absent  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1200F  | Seizure type(s) and current seizure frequency(ies) documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1205F  | Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1220F  | Patient screened for depression  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1450F  | Symptoms improved or remained consistent with treatment goals since last assessment  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1451F  | Symptoms demonstrated clinically important deterioration since last assessment   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1460F  | Qualifying cardiac event/diagnosis in previous 12 months   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1461F  | No qualifying cardiac event/diagnosis in previous 12 months  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1490F  | Dementia severity classified, mild   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1491F  | Dementia severity classified, moderate   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1493F  | Dementia severity classified, severe   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1494F  | Cognition assessed and reviewed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 1500F  | Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)  | Not Covered         |                      |                   | MMP           |
| 1501F  | Not initial evaluation for condition (DSP)   | Not Covered         |                      |                   | MMP           |
| 1502F  | Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)   | Not Covered         |                      |                   | MMP           |
| 1503F  | Patient queried about symptoms of respiratory insufficiency (DSP)  | Not Covered         |                      |                   | MMP           |
| 1504F  | Patient has respiratory insufficiency (DSP)  | Not Covered         |                      |                   | MMP           |
| 1505F  | Patient does not have respiratory insufficiency (DSP)  | Not Covered         |                      |                   | MMP           |
| 2000F  | BLOOD PRESSURE MEASURED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2001F  | WEIGHT RECORDED (CHF, PAG) (DESC REVISED 010107)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2002F  | CLINICAL SIGNS OF VOLUME OVERLOAD (EXCESS) ASSESSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2004F  | INITIAL EXAM OF THE INVOLVED JOINTS (INCLS VISUAL INSPECT, PALP, RANGE OF MOTION). REPORT ONLY FOR INIT OA VISIT OR NEW JOINT  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2010F  | VITAL SIGNS (TEMPERATURE, PULSE, RESPIRATION RATE, AND BLOOD PRESSURE) DOCUMENTED AND REVIEWED (RVSD 070107)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2014F  | MENTAL STATUS ASSESSED (NORMAL/MILDLY IMPAIRED/SEVERLY IMPAIRED) (CAP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2015F  | Asthma impairment assessed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 2016F  | Asthma risk assessed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2018F  | HYDRATION STATUS ASSESSED (NORMAL/MILDLY DEHYDRATED/SEVERELY DEHYDRATED) (CAP)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2019F  | DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR THICKENING OR HEMORRHAGE AND THE LEVEL OF MACULAR DEGENERATION SEVERITY | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2020F  | Dilated fundus evaluation performed within twelve months prior to cataract surgery  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2021F  | DILATED MACULAR AND FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OF ABSENCE OF MACULAR EDEMA AND LEVEL OF SEVERITY OF RETINOPLATHY                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2022F  | DILATED RETINAL EYE EXAM WITH INTERP BY AN OPHTHALMOLOGIST OR OPTOMETRIST DOCUMENTED AND REVIEWED (DM)  | No                  |                      |                   | MMP           |
| 2024F  | SEVEN STANDARD FIELD STEREOSCOPIC PHOTOS WITH INTERP BY AN OPHTHALMOLOGIST OR OPTOMETRIST DOCUMENTED AND REVIEWED (DM)  | No                  |                      |                   | MMP           |
| 2026F  | EYE IMAGING VALIDATED TO MATCH DIAGNOSIS FROM SEVEN STANDARD FIELD STEREOSCOPIC PHOTOS RESULTS DOCUMENTED AND REVIEWED (DM)   | No                  |                      |                   | MMP           |
| 2027F  | OPTIC NERVE HEAD EVALUATION PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2028F  | FOOT EXAMINATION PERFORMED (DM) (INCL EXAM THRU VISUAL INSPECTION, SENSORY EXAM W/MONOFILAMENT, & PULSE EXAM--RPT WHEN ANY OF THE                                     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2029F  | COMPLETE PHYSICAL SKIN EXAM PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2030F  | HYDRATION STATUS DOCUMENTED, NORMALLY HYDRATED (PAG) 1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2031F  | HYDRATION STATUS DOCUMENTED, DEHYDRATED (PAG)1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2035F  | Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2040F  | Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2044F  | Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than six weeks   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2050F  | Wound characteristics including size AND nature of wound base tissue AND amount of drainage prior to debridement, documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 2060F  | Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3006F  | CHEST X-RAY RESULTS DOCUMENTED AND REVIEWED (CAP)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3008F  | Body Mass Index (BMI), documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3011F  | LIPID PANEL RESULTS DOCUMENTED AND REVIEWED (MUST INCLUDE TOTAL CHOLESTEROL, HDL-C, TRIGLYCERIDES & CALCULATED LDL-C) (CAD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3014F  | SCREENING MAMMOGRAPHY RESULTS DOCUMENTED AND REVIEWED (PV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3015F  | Cervical cancer screening results documented and reviewed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3016F  | Patient screened for unhealthy alcohol use using a systematic screening method   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3017F  | COLORECTAL CANCER SCREENING RESULTS DOCUMENTED AND REVIEWED (PV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3018F  | Pre-procedure risk assessment AND depth of insertion AND quality of the bowel prep AND complete description of polyp(s) found, including location of each polyp, size, number and gross morphology AND recommendations for follow-up in final colonoscopy report, documented | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3019F  | Left ventricular ejection fraction (LVEF) assessment planned post discharge  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3020F  | LEFT VENTRICULAR FUNCTION (LFV) ASSESSMENT (EG, ECHOCARDIOGRAPHY, NUCLEAR TEST OR VENTRICULOGRAPHY) DOCUMENTED IN MEDICAL REC (CHF)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3021F  | LEFT VENTRICULAR EJECTION FRACTION (LVEF) , 40% OR DOCUMENTATION OF MODERATELY OR SEVERELY DEPRESSED LEFT VENTRIC SYSTOLIC FUNCT (   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3022F  | LEFT VENTRICULAR EJECTION FRACTION (LVEF) > 40% OR DOCUMENTATION AS NORMAL OR MILDLY DEPRESSED LEFT VENTRIC SYSTOLIC FUNCTION (CAD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3023F  | SPIROMETRY RESULTS DOCUMENTED AND REVIEWED (COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3025F  | SPIROMETRY TEST RESULTS DEMONSTRATE FEV/FVC < 70% WITH COPD SYMPTOMS (EG, DYSPNEA, COUGH/SPUTUM, WHEEZING) (CAP, COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3027F  | SPIROMETRY TEST RESULTS DEMONSTRATE FEV/FVC => 70% OR PATIENT DOES NOT HAVE COPD SYMPTOMS (COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3028F  | OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWED (INCL ASSESSMENT THRU PULSE OXIMETRY OR ARTERIAL BLOOD GAS MEASUREMENT) (CAP, COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3035F  | OXYGEN SATURATION =< 88% OR A PAO2 <= 55 MM HG (COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3037F  | OXYGEN SATURATION > 88% OR PAO2 > 55 MMHG (COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3038F  | Pulmonary function test performed within 12 months prior to surgery  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3040F  | FUNCTIONAL EXPIRATORY VOLUME (FEV) < 40% OF PREDICTED VALUE (COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3042F  | FUNCTIONAL EXPIRATORY VOLUME (FEV) >= 40% OF PREDICTED VOLUME (COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3044F  | MOST RECENT HEMOGLOBIN A1C LEVEL <7.0% (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3045F  | MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0-9.0%  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3046F  | MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0% (DM)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3048F  | MOST RECENT LDL-C < 100MG/DL (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3049F  | MOST RECENT LDL-C 100- 129 MG/DL (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3050F  | MOST RECENT LDL-C >= 130 MG/DL (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3055F  | Left ventricular ejection fraction (LVEF) less than or equal to 35%  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3056F  | Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3060F  | POSITIVE MICROALBUMINURIA TEST RESULT DOCUMENTATED AND REVIEWED (DM)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3061F  | NEGATIVE MICROALBUMINURIA TEST RESULT DOCUMENTATED AND REVIEWED (DM)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3062F  | POSITIVE MACROABUMINURIA TEST RESULT DOCUMENTED AND REVIEWED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3066F  | DOCUMENTATION OF TREATMENT FOR NEPHROPATHY (EG, PATIENT RCVNG DIALYSIS, TREATED FOR ESRD, CRF, ARF, OR RENAL INSUFF, ANY VISIT TO  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3072F  | LOW RISK FOR RETINOPATHY (NO EVIDENCE OF RETINOPATHY IN THE PRIOR YEAR) (DM)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3073F  | PRE-SURG (CATARACT) AXIAL LENGTH, CORNEAL POWER MEASUREMENT& METHOD OF INTRAOCULAR LENS POWER CALC DOC'D (MUST BE PERF W/IN 6 MTH) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3074F  | MOST RECENT SYSTLIC BLOOD PRESSURE < 130 MM HG (DM), (HTN)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3075F  | MOST RECENT SYSTOLIC BLOOD PRESSURE 130 - 139MM HG (DM), (HTN)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3077F  | MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG (HTN) (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3078F  | MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG (HTN) (DM)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3079F  | MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN) (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3080F  | MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG (HTN) (DM)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3082F  | KT/V < 1.2 (CLEARANCE OF UREA (KT) VOLUME(V)) (RVSD 070107)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3083F  | KT/V EQUAL TO OR GREATER THAN 1.2 AND LESS THAN 1.7 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESDRD)1                                   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3084F  | KT/V >= 1.7 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3085F  | SUICIDE RISK ASSESSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3088F  | MAJOR DEPRESSIVE DISORDER, MILD (MDD)1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3089F  | MAJOR DEPRESSIVE DISORDER, MODERATE (MDD)1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3090F  | MAJOR DEPRESSIVE DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES (MDD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3091F  | MAJOR DEPRESSIVE DISORDER, SEVERE WITH PSYCHOTIC FEATURES (MDD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3092F  | MAJOR DEPRESSIVE DISORDER, IN REMISSION (MDD)1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3093F  | DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR DEPRESSIVE DISORDER (MDD)1                                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3095F  | CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3096F  | CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3100F  | CAROTID IMAGING STUDY RPRT INCL DIRECT OR INDIRECT REFERENCE TO DISTAL INTERNAL CAROTID DIAMETER AS DENOMINATOR FOR STENOSIS MEASU | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3110F  | PRESENCE OR ABSENCE OF HEMORRHAGE AND MASS LESION AND ACUTE INFARCTION DOCUMENTED IN FINAL CT OR MRI REPORT                        | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3111F  | CT OR MRI OF THE BRAIN PERFORMED WITHIN 24 HOURS OF ARRIVAL TO HOSPITAL  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3112F  | CT OR MRI OF THE BRAIN PERFORMED GREATER THAN 24 HOURS AFTER ARRIVAL TO THE HOSPITAL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3115F  | Quantitative results of an evaluation of current level of activity and clinical symptoms   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3117F  | Heart Failure disease specific structured assessment tool completed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3118F  | New York Heart Association (NYHA) Class documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3119F  | No Evaluation of level of activity or clinical symptoms  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3120F  | 12-LEAD ECG PERFORMED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3126F  | Patient has documented immunity to Hepatitis B   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3130F  | UPPER GASTROINTESTINAL ENDOSCOPY PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3132F  | DOCUMENTATION OF REFERRAL FOR UPPER GASTROINTESTINAL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3140F  | UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES SUSPICION OF BARRETT'S ESOPHAGUS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3141F  | UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES NO SUSPICION OF BARRETT'S ESOPHAGUS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3142F  | BARIUM SWALLOW TEST ORDERED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3150F  | FORCEPS ESOPHAGEAL BIOPSY PERFORMED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3155F  | CYTOGENETIC TESTING PERFORMED ON BONE MARROW AT TIME OF DIAGNOSIS OR PRIOR TO INITIATING TREATMENT                               | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3160F  | DOCUMENTATION OF IRON STORES PRIOR TO INITIATING ERYTHROPOIETIN THERAPY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3170F  | FLOW CYTOMETRY STUDIES PERFORMED AT TIME OF DIAGNOSIS OR PRIOR TO INITIATING TREATMENT   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3200F  | BARIUM SWALLOW TEST NOT ORDERED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3210F  | GROUP A STREP TEST PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3215F  | Patient has documented immunity to Hepatitis A   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3216F  | Patient has documented immunity to Hepatitis B   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3218F  | RNA testing for Hepatitis C documented as performed within six months prior to initiation of antiviral treatment for Hepatitis C | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3220F  | Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3230F  | Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion                               | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3250F  | Specimen biopsy site other than anatomic location of primary tumor   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3260F  | pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3265F  | Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3266F  | Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3267F  | Pathology report includes pT category, pN category, Gleason score and statement about margin status (PATH)                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3268F  | Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score documented prior to initiation of treatment      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3269F  | Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer                           | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3270F  | Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer                      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3271F  | Low risk of recurrence, prostate cancer  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3272F  | Intermediate risk of recurrence, prostate cancer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3273F  | High risk of recurrence, prostate cancer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3274F  | Prostate cancer risk of recurrence not determined or neither low, intermediate nor high   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3278F  | Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered                                   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3279F  | Hemoglobin level greater than or equal to 13 g/dL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3280F  | Hemoglobin level 11 g/dL to 12.9 g/dL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3281F  | Hemoglobin level less than 11 g/dL  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3284F  | Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level                     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3285F  | Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level                                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3288F  | Falls risk assessment documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3290F  | Patient is D (Rh) negative and unsensitized   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3291F  | Patient is D (Rh) positive or sensitized  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3292F  | HIV testing ordered or documented and reviewed during the first or second prenatal visit  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3293F  | ABO and Rh blood typing documented as performed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3294F  | Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3300F  | American Joint Committee on Cancer (AJCC) stage documented and reviewed prior to the initiation of therapy                        | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3301F  | Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy                           | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3315F  | Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3316F  | Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3317F  | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3318F  | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3319F  | One of the following diagnostic imaging studies ordered: (chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans)       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3320F  | None of the following diagnostic imaging studies ordered: (chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans)      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3321F  | AJCC Cancer Stage 0 or 1A Melanoma, documented (ML)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3322F  | Melanoma greater than AJCC Stage 0 or 1A (ML)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3323F  | Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3324F  | MRI or CT scan ordered, reviewed or requested   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3325F  | Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within twelve months prior to cataract surgery) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3328F  | Performance status documented and reviewed within 2 weeks prior to surgery  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3330F  | Imaging study ordered   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3331F  | Imaging study not ordered   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3340F  | Breast Imaging-Reporting and Data System (BI-RADS®) assessment category 0, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3341F  | Breast Imaging-Reporting and Data System (BI-RADS®) assessment category 1, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3342F  | Breast Imaging-Reporting and Data System (BI-RADS®) assessment category 2, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3343F  | Breast Imaging-Reporting and Data System (BI-RADS®) assessment category 3, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3344F  | Breast Imaging-Reporting and Data System (BI-RADS®) assessment category 4, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3345F  | Breast Imaging-Reporting and Data System (BI-RADS®) assessment category 5, documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3350F  | Mammogram assessment category of "known biopsy proven malignancy"   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3351F  | Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3352F  | No significant depressive symptoms as categorized by using a standardized depression assessment tool  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3353F  | Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3354F  | Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3370F  | AJCC Breast Cancer Stage 0, documented (ONC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3372F  | AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm), documented (ONC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3374F  | AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm), documented (ONC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3376F  | AJCC Breast Cancer Stage II, documented (ONC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3378F  | AJCC Breast Cancer Stage III, documented (ONC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3380F  | AJCC Breast Cancer Stage IV, documented (ONC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3382F  | AJCC colon cancer, Stage 0, documented (ONC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3384F  | AJCC colon cancer, Stage I, documented (ONC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3386F  | AJCC colon cancer, Stage II, documented (ONC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3388F  | AJCC colon cancer, Stage III, documented (ONC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3390F  | AJCC colon cancer, Stage IV, documented (ONC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3394F  | Quantitative HER2 Immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH)                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3395F  | Quantitative non-HER2 Immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed                   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3450F  | Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3451F  | Dyspnea screened, moderate or severe dyspnea (Pall Cr)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3452F  | Dyspnea not screened (Pall Cr)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3455F  | TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA (RA) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3470F  | Rheumatoid arthritis (RA) disease activity, low (RA)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3471F  | Rheumatoid arthritis (RA) disease activity, moderate (RA)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3472F  | Rheumatoid arthritis (RA) disease activity, high (RA)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3475F  | Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3476F  | Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3490F  | History of AIDS-defining condition (HIV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3491F  | HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3492F  | History of nadir CD4+ cell count <350 cells/mm3 (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3493F  | No history of nadir CD4+ cell count <350 cells/mm3 AND no history of AIDS-defining condition (HIV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3494F  | CD4+ cell count <200 cells/mm3 (HIV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3495F  | CD4+ cell count 200 - 499 cells/mm3 (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3496F  | CD4+ cell count >=500 cells/mm3 (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3497F  | CD4+ cell percentage <15% (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3498F  | CD4+ cell percentage >=15% (HIV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3500F  | CD4+ cell count or CD4+ cell percentage documented as performed (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3502F  | HIV RNA viral load below limits of quantification (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3503F  | HIV RNA viral load not below limits of quantification (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3510F  | Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3511F  | Chlamydia and gonorrhea screenings documented as performed (HIV)  | No                  |                      |                   | MMP           |
| 3512F  | Syphilis screening documented as performed (HIV)  | No                  |                      |                   | MMP           |
| 3513F  | Hepatitis B screening documented as performed (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3514F  | Hepatitis C screening documented as performed (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3515F  | Patient has documented immunity to Hepatitis C (HIV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3517F  | Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3520F  | Clostridium difficile testing performed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3550F  | Low risk for thromboembolism (AFIB)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3551F  | Intermediate risk for thromboembolism (AFIB)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3552F  | High risk for thromboembolism (AFIB)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3555F  | Patient had International Normalized Ratio (INR) measurement performed (AFIB)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3570F  | Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3572F  | Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3573F  | Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3650F  | Electroencephalogram (EEG) ordered, reviewed or requested   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3700F  | Psychiatric disorders or disturbances assessed (Prkns)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3720F  | Cognitive impairment or dysfunction assessed (Prkns)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3725F  | Screening for depression performed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3750F  | Patient not receiving dose of corticosteroids greater than or equal to 10mg/day* for 60 or greater consecutive days   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3751F  | Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3752F  | Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)               | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3753F  | Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP)     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3754F  | Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3755F  | Cognitive and behavioral impairment screening performed (DSP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3756F  | Patient has pseudobulbar affect, sialorrhea, or ALS related symptoms (DSP)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3757F  | Patient does not have pseudobulbar affect, sialorrhea, or ALS related symptoms (DSP)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3758F  | Patient referred for pulmonary function testing or peak cough expiratory flow (DSP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 3759F  | Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (DSP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3760F  | Patient exhibits dysphagia, weight loss, or impaired nutrition (DSP)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3761F  | Patient does not exhibit dysphagia, weight loss, or impaired nutrition (DSP)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3762F  | Patient is dysarthric (DSP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3763F  | Patient is not dysarthric (DSP)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3775F  | Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 3776F  | Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4000F  | TOBACCO USE CESSATION INTERVENTION, COUNSELING  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4001F  | TOBACCO USE CESSATION INTERVENTION, PHARMACOLOGIC THERAPY   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4002F  | STATIN THERAPY, PRESCRIBED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4003F  | PATIENT EDUCATION, WRITTEN/ORAL, PERFORMED FOR PATS W HEART FAILURE   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4004F  | Patient screened for tobacco use AND received tobacco cessation counseling, if identified as a tobacco user   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4005F  | PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4006F  | BETA-BLOCKER THERAPY, PRESCRIBED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4008F  | Beta-Blocker therapy prescribed or currently being taken  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4010F  | Angiotensin converting enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken                     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4011F  | ORAL ANTIPALTELET THERAPY, PRESCRIBED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4012F  | WARFARIN THERAPY PRESCRIBED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4013F  | Statin therapy prescribed or currently being taken  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4014F  | WRITTEN DISCH INSTR PRVD TO HEART FAILURE PATS DXD HOME (INSTR INCL ACTIVITY LVL, DIET, MEDS F/UP APPT, WT MONITOR, IF SYMP WORS)                   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4015F  | PERSISTENT ASTHMA, PREFERRED LONG TERM CONTROL MEDICATION OR AN ACCEPTABLE ALTERNATIVE TX PRESCRIBED (ASTHMA)                                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4016F  | ANTI-INFLAMMATORY/ANALGESIC AGENT RX. (USE FOR PRESCRIBED OR CONTINUED MEDS, INCL OTC MEDS)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4017F  | GASTROINTESTINAL PROPHYLAXIS FOR NSAID USE PRESCRIBED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4018F  | THERAPEUTIC EXERCISE FOR INVOLVED JOINT(S) INSTRUCTED OR PT OR OT PRESCRIBED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4019F  | DOCUMENTATION OF RECEIPT OF COUNSELING ON EXERCISE AND EITHER BOTH CALCIUM AND VITAMIN D USE OR COUNSELING REGARDING BOTH CALCIUM AND VITAMIN D USE | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4025F  | INHALED BRONCHODILATOR PRESCRIBED (COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4030F  | LONG TERM OXYGEN THERAPY PRESCRIBED (MORE THAN 15 HOURS A DAY) (COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4033F  | PULMONARY REHABILITATION EXERCISE TRAINING RECOMMENDED (COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4035F  | INFLUENZA IMMUNIZATION RECOMMENDED (COPD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4037F  | INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED (COPD, PV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4040F  | PNEUMOCOCCAL IMMUNIZATION ORDERED OR ADMINISTERED (COPD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4041F  | DOCUMENTATION OF ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4042F  | DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE NEITHER GIVEN W/IN 4 HOURS PRIOR TO SURGICAL INCISION NOR GIVEN INTRAOPERATIVELY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4043F  | DOCUMENTATION THAT AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS W/IN 48 HRS OF SURGICAL END TIME, CARDIAC PROCEDURES | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4044F  | DOCUMENTATION THAT AN ORDER WAS GIVEN FOR VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS TO BE GIVEN W/IN 24 HRS PRIOR TO INCISION TIME  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4045F  | APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED (RVSD 070107)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4046F  | DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE GIVEN WITHIN 4 HOURS PRIOR TO SURGICAL INCISION OR GIVEN INTRAOPERATIVELY         | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4047F  | DOCUMENTATION OF ORDER FOR PROPHYLACTIC ANTIBIOTICS TO BE GIVEN W/IN 1 HR (IF FLUOROQUINOLONE OR VANCOMYCIN, 2 HRS) PRIOR TO SURGI | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4048F  | DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN W/IN 1 HR (IF FLUOROQUINOLONE OR VANCOMYCIN, 2 HRS) PRIOR TO SURGICAL INCISIO | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4049F  | DOCUMENTATION THAT ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS W/IN 24 HRS OF SURGICAL END TIME, NON-CARDIAC PROCEDURE | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4050F  | HYPERTENSION PLAN OF CARE DOCUMENTED AS APPROPRIATE (HTN)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4051F  | REFERRED FOR AN ARTERIO-VEINOUS (AV) FISTULA (ESRD)1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4052F  | HEMODIALYSIS VIA FUNCTIONING ARTERIO-VEINOUS (AV) FISTULA (ESRD)1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4053F  | HEMODIALYSIS VIA FUNCTIONING ARTERIO-VEINOUS (AV) GRAFT (ESRD)1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4054F  | HEMODIALYSIS VIA CATHETER (ESRD) 1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4055F  | PATIENT RECEIVING PERITONEAL DIALYSIS (ESRD) 1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4056F  | APPROPRIATE ORAL REHYDRATION SOLUTION RECOMMENDED (PAG) 1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4058F  | PEDIATRIC GASTROENTERITIS EDUCATION PROVIDED TO CAREGIVER (PAG) 1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4060F  | PSYCHOTHERAPY SERVICES PROVIDED (MDD) 1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4062F  | PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED (MDD) 1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4063F  | Antidepressant pharmacotherapy considered and not prescribed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4064F  | ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED (MDD) 1  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4065F  | ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED (MDD) 1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4066F  | ELECTROCONVULSIVE THERAPY (ECT) PROVIDED (MDD)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4067F  | PATIENT REFERRAL FOR ELECTROCONVULSIVE (ECT) DOCUMENTED (MDD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4069F  | Venous thromboembolism (VTE) prophylaxis received  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4070F  | DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS RECEIVED BY END OF HOSPITAL DAY 2                                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4073F  | ORAL ANTIPLATELET THERAPY PRESCRIBED AT DISCHARGE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4075F  | ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4077F  | DOCUMENTATION THAT TISSUE PLASMINOGEN ACTIVATOR (T-PA) ADMINISTRATION WAS CONSIDERED                     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4079F  | DOCUMENTATION THAT REHABILITATION SERVICES WERE CONSIDERED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4084F  | ASPIRIN RECEIVED WITHIN 24 HOURS BEFORE EMERGENCY DEPARTMENT ARRIVAL OR DURING EMERGENCY DEPARTMENT STAY | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4086F  | Aspirin or clopidogrel prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4090F  | PATIENT RECEIVING ERYTHROPOIETIN THERAPY   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4095F  | PATIENT NOT RECEIVING ERYTHROPOIETIN THERAPY   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4100F  | BISPHOSPHONATE THERAPY, INTRAVENOUS, ORDERED OR RECEIVED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4110F  | INTERNAL MAMMARY ARTERY GRAFT PERFORMED FOR PRIMARY, ISOLATED CORONARY ARTERY BYPASS GRAFT PROCEDURE     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4115F  | BETA BLOCKER ADMINISTERED WITHIN 24 HOURS PRIOR TO SURGICAL INCISION                                     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4120F  | ANTIBIOTIC PRESCRIBED OR DISPENSED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4124F  | ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4130F  | Topical preparations (including OTC) prescribed for acute otitis externa                                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4131F  | Systemic antimicrobial therapy prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4132F  | Systemic antimicrobial therapy not prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4133F  | Antihistamines or decongestants prescribed or recommended  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4134F  | Antihistamines or decongestants neither prescribed nor recommended   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4135F  | Systemic corticosteroids prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4136F  | Systemic corticosteroids not prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4140F  | Inhaled corticosteroids prescribed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4142F  | Corticosteroid sparing therapy prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4144F  | Alternative long-term control medication prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4145F  | Two or more anti-hypertensive agents prescribed or currently being taken   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4148F  | Hepatitis A vaccine injection administered or previously received (HEP-C)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4149F  | Hepatitis B vaccine injection administered or previously received (HEP-C)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4150F  | Patient receiving antiviral treatment for Hepatitis C  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4151F  | Patient not receiving antiviral treatment for Hepatitis C  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4153F  | Combination peginterferon and ribavirin therapy prescribed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4155F  | Hepatitis A vaccine series previously received   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4157F  | Hepatitis B vaccine series previously received   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4158F  | Patient counseled about risks of alcohol use   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4159F  | Counseling regarding contraception received prior to initiation of antiviral treatment   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4163F  | Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, provided prior to initiation of treatment | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4164F  | Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4165F  | Three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4167F  | Head of bed elevation (30-45 degrees) on first ventilator day ordered  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4168F  | Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4169F  | Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4171F  | Patient receiving Erythropoiesis-Stimulating Agents (ESA) therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4172F  | Patient not receiving Erythropoiesis-Stimulating Agents (ESA) therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4174F  | Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s)                                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4175F  | Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4176F  | Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient an/or caregiver(s)            | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4177F  | Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4178F  | Anti-D immune globulin received between 26 and 30 weeks gestation  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4179F  | Tamoxifen or aromatase inhibitor (AI) prescribed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4180F  | Adjuvant chemotherapy referred, prescribed or previously received for Stage III colon cancer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4181F  | Conformal radiation therapy received   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4182F  | Conformal radiation therapy not received   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4185F  | Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4186F  | No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4187F  | Disease modifying anti-rheumatic drug therapy prescribed or dispensed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4188F  | Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4189F  | Appropriate digoxin therapeutic monitoring test ordered or performed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4190F  | Appropriate diuretic therapeutic monitoring test ordered or performed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4191F  | Appropriate anticonvulsant therapeutic monitoring test ordered or performed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4192F  | Patient not receiving glucocorticoid therapy (RA)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4193F  | Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)5  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4194F  | Patient receiving >= 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4195F  | Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4196F  | Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4200F  | External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4201F  | External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4210F  | Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4220F  | Digoxin medication therapy for 6 months or more  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4221F  | Diuretic medication therapy for 6 months or more   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4230F  | Anticonvulsant medication therapy for 6 months or more   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4240F  | Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain lasting longer than 12 weeks  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4242F  | Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4245F  | Patient counseled during the initial visit to maintain or resume normal activities   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4248F  | Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4250F  | Active warming used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4255F  | Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4256F  | Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4260F  | Wound surface culture technique used (CWC)5  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4261F  | Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) OR wound surface culture technique not used (CWC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4265F  | Use of wet to dry dressings prescribed or recommended (CWC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4266F  | Use of wet to dry dressings neither prescribed nor recommended (CWC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4267F  | Compression therapy prescribed (CWC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4268F  | Patient education regarding the need for long term compression therapy including interval replacement of compression stockings, received (CWC) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4269F  | Appropriate method of offloading (pressure relief) prescribed (CWC)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4270F  | Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4271F  | Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV)                    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4274F  | Influenza immunization administered or previously received (HIV) (P-ESRD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4275F  | HEPATITIS B VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HIV)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4276F  | POTENT ANTIRETROVIRAL THERAPY PRESCRIBED (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4279F  | PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED (HIV)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4280F  | PNEUMOCUSTIS JIROVECI PNEUMONIA PROPHYLAXIS prescribed within 3 months of low CD4+ cell count or percentage (HIV)                              | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4290F  | PATIENT SCREENED FOR INJECTION DRUG USE (HIV)  | No                  |                      |                   | MMP           |
| 4293F  | PATIENT SCREENED FOR HIGH-RISK SEXUAL BEHAVIOR (HIV)   | No                  |                      |                   | MMP           |
| 4300F  | PATIENT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR ATRIAL FLUTTER (AFIB)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4301F  | PATIENT NOT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR ATRIAL FLUTTER (AFIB)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4305F  | PATIENT EDUCATION REGARDING APPROPRIATE FOOT CARE AND daily inspection of the feet, received (CWC)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4306F  | PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND pharmacologic treatment options for opioid addiction (SUD)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4320F  | PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND pharmacologic treatment options for alcohol dependence (SUD)                                      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4322F  | Caregiver provided with education and referred to additional resources for support   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4324F  | Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4325F  | Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4326F  | Patient (Or Caregiver) Queried About Symptoms Of Autonomic Dysfunction (Prkns)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4328F  | Patient (Or Caregiver) Queried About Sleep Disturbances (Prkns)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4330F  | Counseling about epilepsy specific safety issues provided to patient (or caregiver (s))  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4340F  | Counseling for women of childbearing potential with epilepsy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4350F  | Counseling provided on symptom management, end of life decisions, and palliation   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4400F  | Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4450F  | Self-care education provided to patient  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4470F  | Implantable Cardioverter-Defibrillator (ICD) counseling provided   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4480F  | Patient receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy for 3 months or longer  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4481F  | Patient receiving ACE Inhibitor/ARB Therapy and Beta-Blocker Therapy for less than 3 months  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4500F  | Referred to an outpatient cardiac rehabilitation program   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4510F  | Previous cardiac rehabilitation for qualifying cardiac event completed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4525F  | Neuropsychiatric intervention ordered  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4526F  | Neuropsychiatric intervention received   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 4540F  | Disease modifying pharmacotherapy discussed (DSP)  | Not Covered         |                      |                   | MMP           |
| 4541F  | Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS related symptoms (DSP)   | Not Covered         |                      |                   | MMP           |
| 4550F  | Options for noninvasive respiratory support discussed with patient (DSP)   | Not Covered         |                      |                   | MMP           |
| 4551F  | Nutritional support offered (DSP)  | Not Covered         |                      |                   | MMP           |
| 4552F  | Patient offered referral to a speech language pathologist (DSP)  | Not Covered         |                      |                   | MMP           |
| 4553F  | Patient offered assistance in planning for end of life issues (DSP)  | Not Covered         |                      |                   | MMP           |
| 4554F  | Patient received inhalational anesthetic agent (Peri2)   | Not Covered         |                      |                   | MMP           |
| 4555F  | Patient did not receive inhalational anesthetic agent (Peri2)  | Not Covered         |                      |                   | MMP           |
| 4556F  | Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)   | Not Covered         |                      |                   | MMP           |
| 4557F  | Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)   | Not Covered         |                      |                   | MMP           |
| 4558F  | Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)   | Not Covered         |                      |                   | MMP           |
| 4559F  | At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2) | Not Covered         |                      |                   | MMP           |
| 4560F  | Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)   | Not Covered         |                      |                   | MMP           |
| 4561F  | Patient has a coronary artery stent (Peri2)  | Not Covered         |                      |                   | MMP           |
| 4562F  | Patient does not have a coronary artery stent (Peri2)  | Not Covered         |                      |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 4563F  | Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)   | Not Covered         |                      |                   | MMP           |
| 5005F  | PATIENT COUNSELED ON SELF-EXAMINATION FOR NEW OR CHANGING MOLES   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5010F  | FINDINGS OF DILATED MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN MANAGING THE DIABETES CARE   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5015F  | DOCUMENTATION OF COMMUNICATION THAT A FRACTURE OCCURRED AND THAT THE PATIENT WAS OR SHOULD BE TESTED OR TREATED FOR OSTEOPOROSIS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5020F  | TREATMENT SUMMARY REPORT COMMUNICATED TO PHYSICIAN(s) managing continuing care and to patient within 1 month of completing treatment  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5050F  | TREATMENT PLAN COMMUNICATED TO PROVIDER(s) managing continuing care within one month of diagnosis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5060F  | FINDINGS FROM DIAGNOSTIC MAMMOGRAM communicated to practice managing patient's on-going care within 3 business days of exam interpretation  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5062F  | DOCUMENTATION OF DIRECT COMMUNICATION OF DIAGNOSTIC MAMMOGRAM FINDINGS BY telephone or in person [by the diagnostic imager or a designee] to the treating or referring physician or his/her representative and confirmation of receipt of the findings within 3 days of exam interpretation | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5100F  | POTENTIAL RISK FOR FRACTURE COMMUNICATED TO THE REFERREING PHYSICIAN WITHIN 24 HOURS OF COMPLETION OF THE IMAGING STUDY (NUC_MED)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5200F  | Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 5250F  | Asthma discharge plan present   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6005F  | RATIONALE (EG, SEVERITY OF ILLNESS AND SAFETY) FOR LEVEL OF CARE (EG, HOME, HOSPITAL) DOCUMENTED (CAP)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6010F  | DYSPHAGIA SCREENING CONDUCTED PRIOR TO ORDER FOR OR RECEIPT OF ANY FOODS, FLUIDS OR MEDICATION BY MOUTH   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6015F  | PATIENT RECEIVING OR ELIGIBLE TO RECEIVE FOODS, FLUIDS OR MEDICATION BY MOUTH   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6020F  | NPO (NOTHING BY MOUTH) ORDERED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6030F  | ALL ELEMENTS OF MAXIMAL STERILE BARRIER TECHNIQUE INCLUDING: cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis, followed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| 6040F  | USE OF APPROPRIATE RADIATION DOSE REDUCTION DEVICES OR MANUAL TECHNIQUES FOR APPROPRIATE MODERATION OF EXPOSURE, DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6045F  | RADIATION EXPOSURE OR EXPOSURE TIME IN FINAL REPORT FOR PROCEDURE USING FLUROSCOPY, DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6070F  | Patient queried and counseled about anti-epileptic drug (AED) side-effects   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6080F  | Patient (or caregiver) queried about falls (Prkns)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6090F  | Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6100F  | Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6101F  | Safety counseling for Dementia provided  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6102F  | Safety counseling for dementia ordered   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6110F  | Counseling provided regarding risks of driving and the alternatives to driving   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 6150F  | Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 7010F  | PATIENT INFORMATION ENTERED INTO A RECALL SYSTEM WITH THE TARGET DATE FOR THE NEXT EXAM SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 7020F  | Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA-approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 7025F  | PATIENT INFORMATION ENTERED INTO A REMINDER SYSTEM WITH A TARGET DUE DATE FOR THE NEXT MAMMOGRAM   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 9001F  | Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 9002F  | Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 9003F  | Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 9004F  | Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| 9005F  | Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| 9006F  | Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)  | Not Covered         | <a href="#">INFO</a>  |                   | MMP           |
| 9007F  | Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated) | Not Covered         | <a href="#">INFO</a>  |                   | MMP           |
| A0021  | AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)   | Not Covered         |                       |                   | MMP           |
| A0080  | NON-EMERGENCY TRANSPORTATION: PER MILE - VOLUNTEER, (INDIVIDUAL OR ORGANIZATION) WITH NO VESTED INTEREST   | Not Covered         |                       |                   | MMP           |
| A0090  | NON-EMERGENCY TRANSPORTATION: PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY MEMBER, SELF, NEIGHBOR) WITH VESTED INTEREST   | Not Covered         |                       |                   | MMP           |
| A0100  | NON-EMERGENCY TRANSPORTATION: TAXI - INTRA CITY  | Not Covered         |                       |                   | MMP           |
| A0110  | NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER   | Not Covered         |                       |                   | MMP           |
| A0120  | NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OTHER TRANSPORTATION SYSTEMS   | Not Covered         |                       |                   | MMP           |
| A0130  | NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| A0160  | NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER  | Not Covered         |                       |                   | MMP           |
| A0170  | TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER   | Not Covered         |                       |                   | MMP           |
| A0190  | NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT   | Not Covered         |                       |                   | MMP           |
| A0210  | NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT  | Not Covered         |                       |                   | MMP           |
| A0225  | AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0380  | BLS MILEAGE (PER MILE)   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0382  | BLS ROUTINE DISPOSABLE SUPPLIES  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0384  | BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (USED BY ALS AMBULANCES & BLS AMBULANCES IN JURISDICTIONS WHERE DEFIBR   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0390  | ALS MILEAGE (PER MILE)   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0392  | ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (TO BE USED ONLY IN JURISDICTIONS WHERE DEFIBRILLATION CANNOT BE PERFO   | No                  | <a href="#">ExGEN</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| A0394  | ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; IV DRUG THERAPY  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0396  | ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; ESOPHAGEAL INTUBATION                                    | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0398  | ALS ROUTINE DISPOSABLE SUPPLIES   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0420  | AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS                                   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0422  | AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION                          | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0424  | EXTRA AMBULANCE ATTENDANT, GROUND (ALS OR BLS) OR AIR (FIXED OR ROTARY WINGED)                        | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0425  | GROUND MILEAGE, PER STATUTE MILE  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0426  | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL (ALS 1)                      | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0427  | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS1-EMERGENCY)               | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0428  | AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)                                 | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0429  | AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)                            | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0430  | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)                         | No                  |                       |                   | MMP           |
| A0431  | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)                        | No                  |                       |                   | MMP           |
| A0433  | ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0434  | SPECIALTY CARE TRANSPORT (SCT)  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| A0435  | FIXED WING AIR MILEAGE, PER STATUTE MILE  | No                  |                       |                   | MMP           |
| A0436  | ROTARY WING AIR MILEAGE, PER STATUTE MILE   | No                  |                       |                   | MMP           |
| A0888  | NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY) | Not Covered         |                       |                   | MMP           |
| A0998  | AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| A0999  | UNLISTED AMBULANCE SERVICE  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| A4261  | CERVICAL CAP FOR CONTRACEPTIVE USE  | No                  |                       |                   | MMP           |
| A4262  | TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH   | No                  |                       |                   | MMP           |
| A4263  | PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH                                     | No                  |                       |                   | MMP           |
| A4264  | PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM                | No                  |                       |                   | MMP           |
| A4266  | DIAPHRAGM FOR CONTRACEPTIVE USE   | No                  |                       |                   | MMP           |
| A4269  | CONTRACEPTIVE SUPPLY, PERMISIDE (E.G.,FOAM,GEL), EACH   | No                  |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A4270  | DISPOSABLE ENDOSCOPE SHEATH, EACH   | No                  |     |                   | MMP           |
| A4290  | SACRAL NERVE STIMULATION TEST LEAD, EACH  | No                  |     |                   | MMP           |
| A4300  | IMPLANTABLE ACCESS CATHETER, EXTERNAL ACCESS  | No                  |     |                   | MMP           |
| A4301  | IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR   | No                  |     |                   | MMP           |
| A4337  | Incontinence supply, rectal insert, any type, each  | No                  |     |                   | MMP           |
| A4467  | Belt, strap, sleeve, garment, or covering, any type   | Not Covered         |     |                   | MMP           |
| A4470  | GRAVLEE JET WASHER  | No                  |     |                   | MMP           |
| A4480  | VABRA ASPIRATOR   | No                  |     |                   | MMP           |
| A4553  | Non-disposable underpads, all sizes   | Not Covered         |     |                   | MMP           |
| A4555  | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only | Yes                 |     |                   | MMP           |
| A4561  | PESSARY, RUBBER, ANY TYPE   | Yes                 |     |                   | MMP           |
| A4562  | PESSARY, NON RUBBER, ANY TYPE   | Yes                 |     |                   | MMP           |
| A4641  | RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED   | No                  |     |                   | MMP           |
| A4642  | INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6                                      | No                  |     |                   | MMP           |
| A4648  | TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH  | No                  |     |                   | MMP           |
| A4649  | SURGICAL SUPPLY; MISCELLANEOUS  | Yes                 |     |                   | MMP           |
| A4650  | IMPLANTABLE RADIATION DOSIMETER, EACH   | No                  |     |                   | MMP           |
| A4651  | CALIBRATED MICROCAPILLARY TUBE, EACH  | No                  |     |                   | MMP           |
| A4652  | MICROCROCAPILLARY TUBE SEALANT  | No                  |     |                   | MMP           |
| A4653  | PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH   | No                  |     |                   | MMP           |
| A4657  | SYRINGE, WITH OR WITHOUT NEEDLE, FOR DIALYSIS, EACH   | No                  |     |                   | MMP           |
| A4671  | DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH   | No                  |     |                   | MMP           |
| A4672  | DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH  | No                  |     |                   | MMP           |
| A4673  | EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS  | No                  |     |                   | MMP           |
| A4674  | CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ                         | No                  |     |                   | MMP           |
| A4680  | ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH  | No                  |     |                   | MMP           |
| A4690  | DIALYZERS (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH                                | No                  |     |                   | MMP           |
| A4706  | BICARBINATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON   | No                  |     |                   | MMP           |
| A4707  | BICARBINATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET   | No                  |     |                   | MMP           |
| A4708  | ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON  | No                  |     |                   | MMP           |
| A4709  | ACID CONCENTRATE, SOLUTION FOR HEMODIALYSIS, PER GALLON   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A4714  | TREATED WATER (DEIONIZED, DISTILLED, REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON  | No                  |     |                   | MMP           |
| A4719  | Y SET TUBING FOR PERITONEAL DIALYSIS   | No                  |     |                   | MMP           |
| A4720  | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS        | No                  |     |                   | MMP           |
| A4721  | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC, BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS  | No                  |     |                   | MMP           |
| A4722  | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC, BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS | No                  |     |                   | MMP           |
| A4723  | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC, BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS | No                  |     |                   | MMP           |
| A4724  | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC, BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS | No                  |     |                   | MMP           |
| A4725  | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC, BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS | No                  |     |                   | MMP           |
| A4726  | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC  | No                  |     |                   | MMP           |
| A4728  | DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML  | No                  |     |                   | MMP           |
| A4730  | FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH   | No                  |     |                   | MMP           |
| A4736  | TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM   | Not Covered         |     |                   | MMP           |
| A4737  | INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML   | Not Covered         |     |                   | MMP           |
| A4740  | SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH  | No                  |     |                   | MMP           |
| A4750  | BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH   | No                  |     |                   | MMP           |
| A4755  | BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH   | No                  |     |                   | MMP           |
| A4760  | DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH   | No                  |     |                   | MMP           |
| A4765  | DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET  | No                  |     |                   | MMP           |
| A4766  | DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A4770  | BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50   | No                  |     |                   | MMP           |
| A4771  | SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50  | No                  |     |                   | MMP           |
| A4772  | BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50   | No                  |     |                   | MMP           |
| A4773  | OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50  | No                  |     |                   | MMP           |
| A4774  | AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50   | No                  |     |                   | MMP           |
| A4802  | PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG  | Not Covered         |     |                   | MMP           |
| A4860  | DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10  | No                  |     |                   | MMP           |
| A4870  | PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT   | No                  |     |                   | MMP           |
| A4890  | CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT   | No                  |     |                   | MMP           |
| A4911  | DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH  | No                  |     |                   | MMP           |
| A4913  | MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED  | No                  |     |                   | MMP           |
| A4918  | VENOUS PRESSURE CLAMPS, FOR HEMODIALYSIS, EACH  | No                  |     |                   | MMP           |
| A4929  | TOURNIQUET FOR DIALYSIS, EACH   | No                  |     |                   | MMP           |
| A6545  | GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH                                   | Yes                 |     |                   | MMP           |
| A9150  | NON-PRESCRIPTION DRUGS  | Not Covered         |     |                   | MMP           |
| A9152  | SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED                           | Not Covered         |     |                   | MMP           |
| A9153  | MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED | Not Covered         |     |                   | MMP           |
| A9180  | PEDICULOSIS (LICE INFESTATION) TREATMENT, TOPICAL, FOR ADMINISTRATION BY                                | Not Covered         |     |                   | MMP           |
| A9284  | SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  | No                  |     |                   | MMP           |
| A9285  | Inversion/eversion correction device  | Not Covered         |     |                   | MMP           |
| A9286  | Hygienic item or device, disposable or non-disposable, any type, each                                   | Not Covered         |     |                   | MMP           |
| A9500  | TECHNETIUM TC 99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES                           | No                  |     |                   | MMP           |
| A9501  | TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE  | No                  |     |                   | MMP           |
| A9502  | TECHNETIUM TC 99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES                         | No                  |     |                   | MMP           |
| A9503  | TECHNETIUM TC99M, MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES                           | No                  |     |                   | MMP           |
| A9504  | TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES                            | No                  |     |                   | MMP           |
| A9505  | THALLIUM TL-201 THALLOUS CHLORID, DIAGNOSTIC, PER MILLICURIE  | No                  |     |                   | MMP           |
| A9507  | INDIUM IN-111 CAPROMAB PENDETITE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES                      | No                  |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A9508  | IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE                             | No                  |     |                   | MMP           |
| A9509  | IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE                                      | No                  |     |                   | MMP           |
| A9510  | TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES               | No                  |     |                   | MMP           |
| A9512  | TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE                                 | No                  |     |                   | MMP           |
| A9515  | Choline c-11, diagnostic, per study dose up to 20 millicuries                               | No                  |     |                   | MMP           |
| A9516  | IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURIES          | No                  |     |                   | MMP           |
| A9517  | IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE                          | No                  |     |                   | MMP           |
| A9520  | Techneium tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries                            | No                  |     |                   | MMP           |
| A9521  | TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES             | No                  |     |                   | MMP           |
| A9524  | IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES                         | No                  |     |                   | MMP           |
| A9526  | NITROGEN N-13 AMMONIA, DIAGNOSTIC,, PER STUDY DOSE, UP TO 40 MILLICURIES                    | No                  |     |                   | MMP           |
| A9527  | IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE                           | No                  |     |                   | MMP           |
| A9528  | IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE                           | No                  |     |                   | MMP           |
| A9529  | IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE                             | No                  |     |                   | MMP           |
| A9530  | IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE                            | No                  |     |                   | MMP           |
| A9531  | IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)              | No                  |     |                   | MMP           |
| A9532  | IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES                                   | No                  |     |                   | MMP           |
| A9536  | TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES              | No                  |     |                   | MMP           |
| A9537  | TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES              | No                  |     |                   | MMP           |
| A9538  | TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES           | No                  |     |                   | MMP           |
| A9539  | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES               | No                  |     |                   | MMP           |
| A9540  | TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES | No                  |     |                   | MMP           |

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| A9541  | TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES          | No                  |     |                   | MMP           |
| A9542  | INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES         | No                  |     |                   | MMP           |
| A9543  | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES    | No                  |     |                   | MMP           |
| A9546  | COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIES            | No                  |     |                   | MMP           |
| A9547  | INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MI  | No                  |     |                   | MMP           |
| A9548  | INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIES                                    | No                  |     |                   | MMP           |
| A9550  | TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES       | No                  |     |                   | MMP           |
| A9551  | TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES                | No                  |     |                   | MMP           |
| A9552  | FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES               | No                  |     |                   | MMP           |
| A9553  | CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES           | No                  |     |                   | MMP           |
| A9554  | IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES           | No                  |     |                   | MMP           |
| A9555  | RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES                            | No                  |     |                   | MMP           |
| A9556  | GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE   | No                  |     |                   | MMP           |
| A9557  | TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES                | No                  |     |                   | MMP           |
| A9558  | XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES  | No                  |     |                   | MMP           |
| A9559  | COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE           | No                  |     |                   | MMP           |
| A9560  | TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES | No                  |     |                   | MMP           |
| A9561  | TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES              | No                  |     |                   | MMP           |
| A9562  | TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES              | No                  |     |                   | MMP           |
| A9563  | SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE  | No                  |     |                   | MMP           |
| A9564  | CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE                              | No                  |     |                   | MMP           |
| A9566  | TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES             | No                  |     |                   | MMP           |

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| A9567  | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES                               | No                  |     |                   | MMP           |
| A9568  | TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES                                      | No                  |     |                   | MMP           |
| A9569  | TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE                       | No                  |     |                   | MMP           |
| A9570  | INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE                                       | No                  |     |                   | MMP           |
| A9571  | INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE   | No                  |     |                   | MMP           |
| A9572  | INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES   | No                  |     |                   | MMP           |
| A9575  | Injection, gadoterate meglumine, 0.1 ml  | No                  |     |                   | MMP           |
| A9576  | INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML   | No                  |     |                   | MMP           |
| A9577  | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML   | No                  |     |                   | MMP           |
| A9578  | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML   | No                  |     |                   | MMP           |
| A9579  | INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, <u>NOT OTHERWISE SPECIFIED (NOS)</u> , PER ML         | No                  |     |                   | MMP           |
| A9580  | SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES   | No                  |     |                   | MMP           |
| A9581  | INJECTION, GADOXETATE DISODIUM, 1 ML   | No                  |     |                   | MMP           |
| A9582  | IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES  | No                  |     |                   | MMP           |
| A9583  | INJECTION, GADOFOSVESET TRISODIUM, 1 ML  | No                  |     |                   | MMP           |
| A9584  | IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES  | No                  |     |                   | MMP           |
| A9585  | INJECTION, GADOBUTROL, 0.1 ML  | No                  |     |                   | MMP           |
| A9586  | Florbetapir f18, diagnostic, per study dose, up to 10 millicuries  | No                  |     |                   | MMP           |
| A9587  | Gallium ga-68, dotatate, diagnostic, 0.1 millicurie  | No                  |     |                   | MMP           |
| A9588  | Fluciclovine f-18, diagnostic, 1 millicurie  | No                  |     |                   | MMP           |
| A9597  | Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified     | No                  |     |                   | MMP           |
| A9598  | Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified | No                  |     |                   | MMP           |
| A9600  | STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE  | No                  |     |                   | MMP           |
| A9604  | SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES                                   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| A9606  | Radium ra-223 dichloride, therapeutic, per microcurie   | No                  |     |                   | MMP           |
| A9698  | NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY                      | No                  |     |                   | MMP           |
| A9699  | RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED  | Yes                 |     |                   | MMP           |
| A9700  | SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY                       | No                  |     |                   | MMP           |
| C1713  | ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)                         | No                  |     |                   | MMP           |
| C1714  | CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL   | No                  |     |                   | MMP           |
| C1715  | BRACHYTHERAPY NEEDLE  | No                  |     |                   | MMP           |
| C1716  | BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE  | No                  |     |                   | MMP           |
| C1717  | BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIIDIUM-192, PER SOURCE                         | No                  |     |                   | MMP           |
| C1719  | BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIIDIUM-192, PER SOURCE                     | No                  |     |                   | MMP           |
| C1721  | CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1722  | CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1724  | CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL  | No                  |     |                   | MMP           |
| C1725  | CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY) | No                  |     |                   | MMP           |
| C1726  | CATHETER, BALLOON DILATATION, NON-VASCULAR  | No                  |     |                   | MMP           |
| C1727  | CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)                                       | No                  |     |                   | MMP           |
| C1728  | CATHETER, BRACHYTHERAPY SEED ADMINISTRATION   | No                  |     |                   | MMP           |
| C1729  | CATHETER, DRAINAGE  | No                  |     |                   | MMP           |
| C1730  | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR <                             | No                  |     |                   | MMP           |
| C1731  | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR >                             | No                  |     |                   | MMP           |
| C1732  | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING                              | No                  |     |                   | MMP           |
| C1733  | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECT                             | No                  |     |                   | MMP           |
| C1749  | ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)                         | No                  |     |                   | MMP           |
| C1750  | CATHETER, HEMODIALYSIS, LONG-TERM   | No                  |     |                   | MMP           |
| C1751  | CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE                                     | No                  |     |                   | MMP           |

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| C1752  | CATHETER, HEMODIALYSIS, SHORT-TERM  | No                  |     |                   | MMP           |
| C1753  | CATHETER, INTRAVASCULAR ULTRASOUND  | No                  |     |                   | MMP           |
| C1754  | CATHETER, INTRADISCAL   | No                  |     |                   | MMP           |
| C1755  | CATHETER, INTRASPINAL   | No                  |     |                   | MMP           |
| C1756  | CATHETER, PACING, TRANSESOPHAGEAL   | No                  |     |                   | MMP           |
| C1757  | CATHETER, THROMBECTOMY/EMBOLECTOMY  | No                  |     |                   | MMP           |
| C1758  | CATHETER, URETERAL  | No                  |     |                   | MMP           |
| C1759  | CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY                                   | No                  |     |                   | MMP           |
| C1760  | CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)                         | No                  |     |                   | MMP           |
| C1762  | CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)                           | No                  |     |                   | MMP           |
| C1763  | CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)                         | No                  |     |                   | MMP           |
| C1764  | EVENT RECORDER, CARDIAC (IMPLANTABLE)                                     | No                  |     |                   | MMP           |
| C1765  | ADHESION BARRIER  | No                  |     |                   | MMP           |
| C1766  | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL,            | No                  |     |                   | MMP           |
| C1767  | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)                                  | No                  |     |                   | MMP           |
| C1768  | GRAFT, VASCULAR   | Not Covered         |     |                   | MMP           |
| C1769  | GUIDE WIRE  | No                  |     |                   | MMP           |
| C1770  | IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)                             | No                  |     |                   | MMP           |
| C1771  | REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT                    | No                  |     |                   | MMP           |
| C1772  | INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)                                 | No                  |     |                   | MMP           |
| C1773  | RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES) | No                  |     |                   | MMP           |
| C1776  | JOINT DEVICE (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1777  | LEAD, CARIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)    | No                  |     |                   | MMP           |
| C1778  | LEAD, NEUROSTIMULATOR (IMPLANTABLE)                                       | No                  |     |                   | MMP           |
| C1779  | LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS                              | No                  |     |                   | MMP           |
| C1780  | LENS, INTRAOCULAR (NEW TECHNOLOGY)  | No                  |     |                   | MMP           |
| C1781  | MESH (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1782  | MORCELLATOR   | No                  |     |                   | MMP           |
| C1783  | OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE                            | No                  |     |                   | MMP           |
| C1784  | OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA                            | No                  |     |                   | MMP           |
| C1785  | PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)                    | No                  |     |                   | MMP           |
| C1786  | PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)                  | No                  |     |                   | MMP           |
| C1787  | PATIENT PROGRAMMER, NEUROSTIMULATOR                                       | No                  |     |                   | MMP           |
| C1788  | PORT, INDWELLING (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1789  | PROSTHESIS, BREAST (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1813  | PROSTHESIS, PENILE, INFLATABLE  | No                  |     |                   | MMP           |
| C1814  | RETINAL TAMPONADE DEVICE, SILICONE OIL                                    | Not Covered         |     |                   | MMP           |
| C1815  | PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)                               | No                  |     |                   | MMP           |

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| C1816  | RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1817  | SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC  | No                  |     |                   | MMP           |
| C1818  | INTEGRATED KERATOPROSTHESIS   | No                  |     |                   | MMP           |
| C1819  | SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1820  | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), W/ RECHARGEABLE BATTERY & CHARGING SYSTEM AS AN ALLOWED DEVICE FOR CPT CODE 64590 | No                  |     |                   | MMP           |
| C1822  | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system                     | No                  |     |                   | MMP           |
| C1830  | POWERED BONE MARROW BIOPSY NEEDLE   | No                  |     |                   | MMP           |
| C1840  | LENS, INTRAOCULAR (TELESCOPIC)  | No                  |     |                   | MMP           |
| C1841  | RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS   | Not Covered         |     |                   | MMP           |
| C1842  | Retinal prosthesis, includes all internal and external components; add-on to C1841  | Not Covered         |     |                   | MMP           |
| C1874  | STENT, COATED/COVERED, WITH DELIVERY SYSTEM   | No                  |     |                   | MMP           |
| C1875  | STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM  | No                  |     |                   | MMP           |
| C1876  | STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM   | No                  |     |                   | MMP           |
| C1877  | STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM  | No                  |     |                   | MMP           |
| C1878  | MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1880  | VENA CAVA FILTER  | No                  |     |                   | MMP           |
| C1881  | DIALYSIS ACCESS SYSTEM (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1882  | CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)   | No                  |     |                   | MMP           |
| C1883  | ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1884  | EMBOLIZATION PROTECTIVE SYSTEM  | No                  |     |                   | MMP           |
| C1885  | CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER   | No                  |     |                   | MMP           |
| C1886  | CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)  | No                  |     |                   | MMP           |
| C1887  | CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)   | No                  |     |                   | MMP           |
| C1888  | CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)   | No                  |     |                   | MMP           |
| C1889  | Implantable/insertable device for device intensive procedure, not otherwise classified                                      | Yes                 |     |                   | MMP           |
| C1891  | INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)  | No                  |     |                   | MMP           |

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| C1892  | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL,  | No                  |     |                   | MMP           |
| C1893  | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL,  | No                  |     |                   | MMP           |
| C1894  | INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC  | No                  |     |                   | MMP           |
| C1895  | LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)   | No                  |     |                   | MMP           |
| C1896  | LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL                                       | No                  |     |                   | MMP           |
| C1897  | LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1898  | LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS   | No                  |     |                   | MMP           |
| C1899  | LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C1900  | LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM   | No                  |     |                   | MMP           |
| C2613  | Lung Biopsy plug with delivery system   | No                  |     |                   | MMP           |
| C2614  | PROBE, PERCUTANEOUS LUMBAR DISCECTOMY   | Not Covered         |     |                   | MMP           |
| C2615  | SEALANT, PULMONARY, LIQUID  | No                  |     |                   | MMP           |
| C2616  | BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE  | No                  |     |                   | MMP           |
| C2617  | STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM   | No                  |     |                   | MMP           |
| C2618  | PROBE, CRYOABLATION   | No                  |     |                   | MMP           |
| C2619  | PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C2620  | PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C2621  | PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C2622  | PROSTHESIS, PENILE, NON-INFLATABLE  | No                  |     |                   | MMP           |
| C2623  | Catheter, transluminal angioplasty, drug-coated, non-laser  | No                  |     |                   | MMP           |
| C2624  | Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components | Yes                 |     |                   | MMP           |
| C2625  | STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM  | No                  |     |                   | MMP           |
| C2626  | INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)  | No                  |     |                   | MMP           |
| C2627  | CATHETER, SUPRAPUBIC/CYSTOSCOPIC  | No                  |     |                   | MMP           |
| C2628  | CATHETER, OCCLUSION   | No                  |     |                   | MMP           |
| C2629  | INTRODUCER/SHEATH, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER   | No                  |     |                   | MMP           |
| C2630  | CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, COOL-TIP  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C2631  | REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT  | No                  |     |                   | MMP           |
| C2634  | BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01 MCI (NIST), PER SOURCE  | No                  |     |                   | MMP           |
| C2635  | BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALADIUM-103, GREATER THAN 2.2 MCI (NIST), PER SOURCE   | No                  |     |                   | MMP           |
| C2636  | BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM  | No                  |     |                   | MMP           |
| C2637  | BRACHYTHERAPY SOURCE, NON-STRANDED, YTTERBIUM-169, PER SOURCE  | No                  |     |                   | MMP           |
| C2638  | BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE   | No                  |     |                   | MMP           |
| C2639  | BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE   | No                  |     |                   | MMP           |
| C2640  | BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE  | No                  |     |                   | MMP           |
| C2641  | BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE  | No                  |     |                   | MMP           |
| C2642  | BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE   | No                  |     |                   | MMP           |
| C2643  | BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE   | No                  |     |                   | MMP           |
| C2644  | Brachytherapy source, cesium-131 chloride solution, per millicurie   | No                  |     |                   | MMP           |
| C2645  | Brachytherapy planar source, palladium-103, per square millimeter  | No                  |     |                   | MMP           |
| C2698  | BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE  | No                  |     |                   | MMP           |
| C2699  | BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE  | No                  |     |                   | MMP           |
| C5271  | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area  | No                  |     |                   | MMP           |
| C5272  | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| C5273  | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children                        | No                  |     |                   | MMP           |



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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C5274  | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| C5275  | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area   | No                  |     |                   | MMP           |
| C5276  | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| C5277  | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children   | No                  |     |                   | MMP           |
| C5278  | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| C8900  | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN   | Yes                 |     |                   | MMP           |
| C8901  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN  | Yes                 |     |                   | MMP           |
| C8902  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN  | Yes                 |     |                   | MMP           |
| C8903  | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL  | Yes                 |     |                   | MMP           |
| C8904  | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL   | Yes                 |     |                   | MMP           |
| C8905  | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL   | Yes                 |     |                   | MMP           |
| C8906  | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL   | Yes                 |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C8907  | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL  | Yes                 |     |                   | MMP           |
| C8908  | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL  | Yes                 |     |                   | MMP           |
| C8909  | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)  | Yes                 |     |                   | MMP           |
| C8910  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST ( EXCLUDING MYOCARDIUM)  | Yes                 |     |                   | MMP           |
| C8911  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)   | Yes                 |     |                   | MMP           |
| C8912  | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY   | Yes                 |     |                   | MMP           |
| C8913  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMTIY  | Yes                 |     |                   | MMP           |
| C8914  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMTIY  | Yes                 |     |                   | MMP           |
| C8918  | MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST, PELVIS   | Yes                 |     |                   | MMP           |
| C8919  | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS  | Yes                 |     |                   | MMP           |
| C8920  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, FOLLOWED BY WITH CONTRAST, PELVIS  | Yes                 |     |                   | MMP           |
| C8921  | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE   | No                  |     |                   | MMP           |
| C8922  | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY   | No                  |     |                   | MMP           |
| C8923  | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; COMPLETE  | No                  |     |                   | MMP           |
| C8924  | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMITED STUDY  | No                  |     |                   | MMP           |
| C8925  | TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C8926  | TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT   | No                  |     |                   | MMP           |
| C8927  | TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING (CONTINUOUS) ASSESSMENT OF (DYNAMICALLY CHANGING) CARDIAC PUMPING FUNCTION AND TO THERAPEUTIC MEASURES ON AN IMMEDIATE TIME BASIS | No                  |     |                   | MMP           |
| C8928  | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT  | No                  |     |                   | MMP           |
| C8929  | TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER   | No                  |     |                   | MMP           |
| C8930  | TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE   | No                  |     |                   | MMP           |
| C8931  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS   | Yes                 |     |                   | MMP           |
| C8932  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS   | Yes                 |     |                   | MMP           |
| C8933  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS   | Yes                 |     |                   | MMP           |
| C8934  | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY  | Yes                 |     |                   | MMP           |

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|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| C8935  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY   | Yes                 |                       |                   | MMP           |
| C8936  | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY   | Yes                 |                       |                   | MMP           |
| C8957  | INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; INITIATE PROLONGED INFUSION  | No                  |                       |                   | MMP           |
| C9014  | Injection, cerliponase alfa, 1 mg  | Yes                 |                       |                   | MMP           |
| C9015  | Injection, c-1 esterase inhibitor (human), haegarda, 10 units  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| C9016  | Injection, triptorelin extended release, 3.75 mg   | Yes                 |                       |                   | MMP           |
| C9024  | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine   | Yes                 |                       |                   | MMP           |
| C9028  | Injection, inotuzumab ozogamicin, 0.1 mg   | Yes                 |                       |                   | MMP           |
| C9029  | Injection, guselkumab, 1 mg  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| C9030  | Injection, copanlisib, 1 mg  | Yes                 |                       |                   | MMP           |
| C9031  | Lutetium Lu 177, dotatate, therapeutic, 1 mCi  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| C9032  | Injection, voretigene neparvovec-rzyl, 1 billion vector genome   | Yes                 |                       |                   | MMP           |
| C9033  | Injection, fosnetupitant 235 mg and palonc   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| C9034  | Injection, dexamethasone 9%, intraocular,  | No                  |                       |                   | MMP           |
| C9113  | INJECTION, PANTOPRAZOLE SODIUM, PER VIAL   | No                  |                       |                   | MMP           |
| C9132  | PROTHROMBIN COMPLEX CONCENTRATE (HUMAN) KCENTRA, PER I.U. OF FACTOR IX ACTIVITY  | No                  |                       |                   | MMP           |
| C9248  | INJECTION, CLEVIDIPIEN BUTYRATE, 1 MG  | No                  |                       |                   | MMP           |
| C9250  | HUMAN PLASMA FIBRIN SEALANT, VAPOR-HEATED, SOLVENT-DETERGENT (ARTISS), 2ML   | No                  |                       |                   | MMP           |
| C9254  | INJECTION, LACOSAMIDE, 1 MG  | No                  |                       |                   | MMP           |
| C9257  | INJECTION, BEVACIZUMAB, 0.25 MG  | No                  |                       |                   | MMP           |
| C9275  | INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE  | No                  |                       |                   | MMP           |
| C9285  | Lidocaine 70 mg/tetracaine 70 mg, per patch  | No                  |                       |                   | MMP           |
| C9290  | Injection, bupivacaine liposome, 1 mg  | No                  |                       |                   | MMP           |
| C9293  | INJECTION, GLUCARPIDASE  | No                  |                       |                   | MMP           |
| C9352  | MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CENTIMETER LENGTH  | Not Covered         |                       |                   | MMP           |
| C9353  | MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENTIMETER LENGTH                                      | Not Covered         |                       |                   | MMP           |
| C9354  | ACCELLULAR PERICARDIAL TISSUE MATRIX OF NON-HUMAN ORIGIN (VERITAS), PER SQUARE CENTIMETER  | Not Covered         |                       |                   | MMP           |
| C9355  | COLLAGEN NERVE CUFF (NEUROMATRIX), PER 0.5 CENTIMETER IN LENGTH  | No                  |                       |                   | MMP           |
| C9356  | TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN & GLYCOSAMINOGLYCAN MATRIX (TENOGlide TENDON PROTECTOR SHEET), PER SQUARE CENTIMETE | Not Covered         |                       |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key   | Rider Requirement | Product Lines |
| C9358  | DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQUARE CENTIMETER   | Not Covered         |       |                   | MMP           |
| C9359  | POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc  | No                  |       |                   | MMP           |
| C9360  | DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CENTIMETERS  | Not Covered         |       |                   | MMP           |
| C9361  | COLLAGEN MATRIX NERVE WRAP (NEUROMEND COLLAGEN NERVE WRAP), PER 0.5 CENTIMETER LENGTH  | No                  |       |                   | MMP           |
| C9362  | POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD STRIP), PER 0.5 CC   | No                  |       |                   | MMP           |
| C9363  | SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQUARE CENTIMETER  | No                  |       |                   | MMP           |
| C9364  | PORCINE IMPLANT, PERMACOL, PER SQUARE CENTIMETER   | Not Covered         |       |                   | MMP           |
| C9367  | Skin substitute, Endoform Dermal Template, per square centimeter   | Not Covered         |       |                   | MMP           |
| C9399  | UNCLASSIFIED DRUGS OR BIOLOGICALS  | No                  |       |                   | MMP           |
| C9447  | Injection, phenylephrine and ketorolac, 4 ml vial  | No                  |       |                   | MMP           |
| C9460  | Injection, cangrelor, 1 mg<br><i>BETHESDA, MD 23 Jun 2015—FDA on June 22 announced the approval of cangrelor, a P2Y12 platelet inhibitor, to reduce the risk of thrombotic events in patients undergoing coronary angioplasty procedures. - See more at: <a href="http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=4222#sthash.z8shIP37.dpuf">http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=4222#sthash.z8shIP37.dpuf</a></i> | No                  |       |                   | MMP           |
| C9462  | Injection, delafloxacin, 1 mg  | No                  |       |                   | MMP           |
| C9463  | Injection, aprepitant, 1 mg  | Yes                 |       |                   | MMP           |
| C9464  | Injection, rolapitant, 0.5 mg  | Yes                 |       |                   | MMP           |
| C9465  | Hyaluronan or derivative, Durolane, for intra-articular injection, per dose  | No                  |       |                   | MMP           |
| C9466  | Injection, benralizumab, 1 mg  | Yes                 | ExGEN |                   | MMP           |
| C9467  | Injection, rituximab and hyaluronidase, 10 mg  | Yes                 |       |                   | MMP           |
| C9468  | Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.   | Yes                 | ExGEN |                   | MMP           |
| C9482  | Injection, sotalol hydrochloride, 1 mg   | No                  |       |                   | MMP           |
| C9488  | Injection, conivaptan hydrochloride, 1 mg  | Yes                 |       |                   | MMP           |
| C9492  | Injection, durvalumab, 10 mg   | Yes                 |       |                   | MMP           |
| C9493  | Injection, edaravone, 1 mg   | Yes                 |       |                   | MMP           |
| C9497  | Loxapine, inhalation powder, 10 mg   | No                  |       |                   | MMP           |
| C9600  | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed;ásingle major coronary artery or branch  | No                  |       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C9601  | Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed;á each additional branch of a major coronary artery (list separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| C9602  | Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed;ásingle major coronary artery or branch   | No                  |     |                   | MMP           |
| C9603  | Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed;áeach additional branch of a major coronary artery (list separately in addition to code for primary procedure)  | No                  |     |                   | MMP           |
| C9604  | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed;ásingle vessel   | No                  |     |                   | MMP           |
| C9605  | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed;á each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure) | No                  |     |                   | MMP           |
| C9606  | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel  | No                  |     |                   | MMP           |
| C9607  | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty;ásingle vessel   | No                  |     |                   | MMP           |
| C9608  | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty;á each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)         | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| C9716  | CREATIONS OF THERMAL ANAL LESIONS BY RADIOFREQUENCY ENERGY  | Not Covered         |     |                   | MMP           |
| C9724  | ENDOSCOPIC FULL-THICKNESS PPLICATION IN THE GASTRIC CARDIA USING  | No                  |     |                   | MMP           |
| C9725  | PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR BRACHYTHERAPY  | No                  |     |                   | MMP           |
| C9726  | PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY  | No                  |     |                   | MMP           |
| C9727  | INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMUM OF THREE IMPLANTS   | Not Covered         |     |                   | MMP           |
| C9728  | PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE  | No                  |     |                   | MMP           |
| C9733  | Non-ophthalmic fluorescent vascular angiography   | No                  |     |                   | MMP           |
| C9734  | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or without magnetic resonance (MR) guidance  | No                  |     |                   | MMP           |
| C9737  | Laparoscopy, surgical, esophageal sphincter augmentation with device (eg, magnetic band)  | No                  |     |                   | MMP           |
| C9738  | Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)   | No                  |     |                   | MMP           |
| C9739  | Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants  | No                  |     |                   | MMP           |
| C9740  | Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants   | No                  |     |                   | MMP           |
| C9741  | Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit | No                  |     |                   | MMP           |
| C9742  | Laryngoscopy, flexible fiberoptic, with injection into vocal cord(s), therapeutic, including diagnostic laryngoscopy, if performed  | No                  |     |                   | MMP           |
| C9744  | Ultrasound, abdominal, with contrast  | No                  |     |                   | MMP           |
| C9745  | Nasal endoscopy, surgical; balloon dilation of eustachian tube  | No                  |     |                   | MMP           |
| C9746  | Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed   | Not Covered         |     |                   | MMP           |
| C9747  | Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance   | No                  |     |                   | MMP           |
| C9748  | Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy   | No                  |     |                   | MMP           |
| C9749  | Repair of nasal vestibular lateral wall stenosis with implant(s)  | No                  |     |                   | MMP           |
| C9750  | Insertion or removal and replacement of in  | Yes                 |     |                   | MMP           |
| C9898  | RADIOLABELED PRODUCT PROVIDED DURING A HOSPITAL INPATIENT STAY  | No                  |     |                   | MMP           |

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| C9899  | IMPLANTED PROSTHETIC DEVICE, PAYABLE ONLY FOR INPATIENTS WHO DO NOT HAVE INPATIENT COVERAGE      | Not Covered         |     |                   | MMP           |
| D0145  | ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER     | Not Covered         |     |                   | MMP           |
| D0160  | DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT                              | Not Covered         |     |                   | MMP           |
| D0170  | REEVALUATION LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST OPERATIVE VISIT)            | Not Covered         |     |                   | MMP           |
| D0171  | Re-eval post-op visit  | Not Covered         |     |                   | MMP           |
| D0180  | COMPREHENSIVE PERIDONATAL EVALUATION - NEW OR ESTABLISHED PATIENT                                | Not Covered         |     |                   | MMP           |
| D0190  | Screening of a patient   | Not Covered         |     |                   | MMP           |
| D0191  | Assessment of a patient  | Not Covered         |     |                   | MMP           |
| D0240  | INTRAORAL-OCCLUSAL FILM  | Not Covered         |     |                   | MMP           |
| D0250  | EXTRAORAL-FIRST FILM   | Not Covered         |     |                   | MMP           |
| D0270  | BITEWING-SINGLE FILM   | Not Covered         |     |                   | MMP           |
| D0273  | BITEWINGS - THREE FILMS  | Not Covered         |     |                   | MMP           |
| D0277  | VERTICAL BITEWINGS 7 TO 8 FILMS  | Not Covered         |     |                   | MMP           |
| D0290  | POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM                                  | Not Covered         |     |                   | MMP           |
| D0310  | SIALOGRAPHY  | Not Covered         |     |                   | MMP           |
| D0320  | TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION  | Not Covered         |     |                   | MMP           |
| D0321  | OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT   | Not Covered         |     |                   | MMP           |
| D0322  | TOMOGRAPHIC SURVEY   | Not Covered         |     |                   | MMP           |
| D0340  | CEPHALOMETRIC FILM   | Not Covered         |     |                   | MMP           |
| D0350  | ORAL/FACIAL PHOTOGRAPHIC IMAGES  | Not Covered         |     |                   | MMP           |
| D0351  | 3d photographic image  | Not Covered         |     |                   | MMP           |
| D0360  | CONE BEAM CT - CRANIOFACIAL DATA CAPTURE   | Not Covered         |     |                   | MMP           |
| D0362  | CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES   | Not Covered         |     |                   | MMP           |
| D0363  | CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES | Not Covered         |     |                   | MMP           |
| D0364  | Cone beam ct capt & interp   | Not Covered         |     |                   | MMP           |
| D0365  | Cone beam ct interpret man   | Not Covered         |     |                   | MMP           |
| D0366  | Cone beam ct interpret max   | Not Covered         |     |                   | MMP           |
| D0367  | Cone beam ct interp both jaw   | Not Covered         |     |                   | MMP           |
| D0368  | Cone beam ct interpret tmj   | Not Covered         |     |                   | MMP           |
| D0369  | Max mri capture & interpret  | Not Covered         |     |                   | MMP           |
| D0370  | Max ultrasound capt & interp   | Not Covered         |     |                   | MMP           |
| D0371  | Sialoendoscopy capt & interp   | Not Covered         |     |                   | MMP           |
| D0380  | Cone beam ct capture limited   | Not Covered         |     |                   | MMP           |
| D0381  | Cone beam ct capt mandible   | Not Covered         |     |                   | MMP           |
| D0382  | Cone beam ct capt maxilla  | Not Covered         |     |                   | MMP           |
| D0383  | Cone beam ct both jaws   | Not Covered         |     |                   | MMP           |
| D0384  | Cone beam ct capture tmj   | Not Covered         |     |                   | MMP           |
| D0385  | Max mri image capture  | Not Covered         |     |                   | MMP           |
| D0386  | Max ultrasound image capture   | Not Covered         |     |                   | MMP           |
| D0391  | Interpret diagnostic image   | Not Covered         |     |                   | MMP           |
| D0393  | Trmnt simulation 3d image  | Not Covered         |     |                   | MMP           |
| D0394  | Digital sub 2 or more images   | Not Covered         |     |                   | MMP           |
| D0395  | Fusion 2 or more 3d images   | Not Covered         |     |                   | MMP           |



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| D0415  | COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY   | Not Covered         |     |                   | MMP           |
| D0416  | VIRAL CULTURE  | Not Covered         |     |                   | MMP           |
| D0417  | COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING  | Not Covered         |     |                   | MMP           |
| D0418  | ANALYSIS OF SALIVA SAMPLE  | Not Covered         |     |                   | MMP           |
| D0425  | CARIES SUSCEPTIBILITY TESTS  | Not Covered         |     |                   | MMP           |
| D0431  | ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES   | Not Covered         |     |                   | MMP           |
| D0460  | PULP VITALITY TESTS  | Not Covered         |     |                   | MMP           |
| D0470  | DIAGNOSTIC CASTS   | Not Covered         |     |                   | MMP           |
| D0472  | ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT   | Not Covered         |     |                   | MMP           |
| D0473  | ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT   | Not Covered         |     |                   | MMP           |
| D0474  | ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT | Not Covered         |     |                   | MMP           |
| D0475  | DECALCIFICATION PROCEDURE  | Not Covered         |     |                   | MMP           |
| D0476  | SPECIAL STAINS FOR MICROORGANISMS  | Not Covered         |     |                   | MMP           |
| D0477  | SPECIAL STAINS, NOT FOR MICROORGANISMS   | Not Covered         |     |                   | MMP           |
| D0478  | IMMUNOHISTOCHEMICAL STAINS   | Not Covered         |     |                   | MMP           |
| D0479  | TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION   | Not Covered         |     |                   | MMP           |
| D0480  | ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT   | Not Covered         |     |                   | MMP           |
| D0481  | ELECTRON MICROSCOPY - DIAGNOSTIC   | Not Covered         |     |                   | MMP           |
| D0482  | DIRECT IMMUNOFLUORESCENCE  | Not Covered         |     |                   | MMP           |
| D0483  | INDIRECT IMMUNOFLUORESCENCE  | Not Covered         |     |                   | MMP           |
| D0484  | CONSULTATION ON SLIDES PREPARED ELSEWHERE  | Not Covered         |     |                   | MMP           |
| D0485  | CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY   | Not Covered         |     |                   | MMP           |
| D0486  | ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT  | Not Covered         |     |                   | MMP           |
| D0502  | OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT   | Not Covered         |     |                   | MMP           |
| D0601  | Neurological with Motor >47.75comorbidity in tier 3  | Not Covered         |     |                   | MMP           |
| D0602  | Neurological with Motor >37.35 & Motor <47.75comorbidity in tier 3   | Not Covered         |     |                   | MMP           |
| D0603  | Neurological with Motor >25.85 & Motor <37.35comorbidity in tier 3   | Not Covered         |     |                   | MMP           |
| D0999  | UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT  | Not Covered         |     |                   | MMP           |
| D1203  | TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-CHILD   | Not Covered         |     |                   | MMP           |

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| D1204  | TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)-ADULT                            | Not Covered         |     |                   | MMP           |
| D1206  | TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS | Not Covered         |     |                   | MMP           |
| D1208  | Topical app fluorid ex vrnsh  | Not Covered         |     |                   | MMP           |
| D1310  | NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE                                    | Not Covered         |     |                   | MMP           |
| D1320  | TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE                           | Not Covered         |     |                   | MMP           |
| D1330  | ORAL HYGIENE INSTRUCTION  | Not Covered         |     |                   | MMP           |
| D1351  | SEALANT-PER TOOTH   | Not Covered         |     |                   | MMP           |
| D1352  | Prev resin rest, perm tooth   | Not Covered         |     |                   | MMP           |
| D1353  | Sealant repair per tooth  | Not Covered         |     |                   | MMP           |
| D1510  | SPACE MAINTAINER-FIXED UNILATERAL   | Not Covered         |     |                   | MMP           |
| D1515  | SPACE MAINTAINER-FIXED BILATERAL  | Not Covered         |     |                   | MMP           |
| D1520  | SPACE MAINTAINER-REMOVABLE UNILATERAL   | Not Covered         |     |                   | MMP           |
| D1525  | SPACE MAINTAINER-REMOVABLE BILATERAL  | Not Covered         |     |                   | MMP           |
| D1550  | RECEMENTATION OF SPACE MAINTAINER   | Not Covered         |     |                   | MMP           |
| D1555  | REMOVAL OF FIXED SPACE MAINTAINER   | Not Covered         |     |                   | MMP           |
| D1999  | Unspecified preventive proc   | Not Covered         |     |                   | MMP           |
| D2140  | AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT   | Not Covered         |     |                   | MMP           |
| D2150  | AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT  | Not Covered         |     |                   | MMP           |
| D2160  | AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT  | Not Covered         |     |                   | MMP           |
| D2161  | AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT   | Not Covered         |     |                   | MMP           |
| D2330  | RESIN-ONE SURFACE, ANTERIOR   | Not Covered         |     |                   | MMP           |
| D2331  | RESIN-TWO SURFACES, ANTERIOR  | Not Covered         |     |                   | MMP           |
| D2332  | RESIN-THREE SURFACES, ANTERIOR  | Not Covered         |     |                   | MMP           |
| D2335  | RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)                           | Not Covered         |     |                   | MMP           |
| D2390  | RESIN-BASED COMPOSITE CROWN, ANTERIOR   | Not Covered         |     |                   | MMP           |
| D2391  | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR  | Not Covered         |     |                   | MMP           |
| D2392  | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR   | Not Covered         |     |                   | MMP           |
| D2393  | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR   | Not Covered         |     |                   | MMP           |
| D2394  | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR                                    | Not Covered         |     |                   | MMP           |
| D2410  | GOLD FOIL-ONE SURFACE   | Not Covered         |     |                   | MMP           |
| D2420  | GOLD FOIL-TWO SURFACES  | Not Covered         |     |                   | MMP           |
| D2430  | GOLD FOIL-THREE SURFACES  | Not Covered         |     |                   | MMP           |
| D2510  | INLAY-METALLIC-ONE SURFACE  | Not Covered         |     |                   | MMP           |
| D2520  | INLAY-METALLIC-TWO SURFACES   | Not Covered         |     |                   | MMP           |
| D2530  | INLAY-METALLIC-THREE OR MORE SURFACES   | Not Covered         |     |                   | MMP           |
| D2542  | ONLAY-METALLIC-TWO SURFACES   | Not Covered         |     |                   | MMP           |
| D2543  | ONLAY - METALLIC - THREE SURFACES   | Not Covered         |     |                   | MMP           |
| D2544  | ONLAY - METALLIC - FOUR OR MORE SURFACES  | Not Covered         |     |                   | MMP           |

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| D2610  | INLAY-PORCELAIN/CERAMIC-ONE SURFACE                     | Not Covered         |     |                   | MMP           |
| D2620  | INLAY-PORCELAIN/CERAMIC-TWO SURFACES                    | Not Covered         |     |                   | MMP           |
| D2630  | INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES          | Not Covered         |     |                   | MMP           |
| D2642  | ONLAY - PORCELAIN/CERAMIC - TWO SURFACES                | Not Covered         |     |                   | MMP           |
| D2643  | ONLAY - PORCELAIN/CERAMIC - THREE SURFACES              | Not Covered         |     |                   | MMP           |
| D2644  | ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES       | Not Covered         |     |                   | MMP           |
| D2650  | INLAY - RESIN-BASED COMPOSITE - ONE SURFACE             | Not Covered         |     |                   | MMP           |
| D2651  | INLAY - RESIN-BASED COMPOSITE - TWO SURFACES            | Not Covered         |     |                   | MMP           |
| D2652  | INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES  | Not Covered         |     |                   | MMP           |
| D2662  | ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES            | Not Covered         |     |                   | MMP           |
| D2663  | ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES          | Not Covered         |     |                   | MMP           |
| D2664  | ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES | Not Covered         |     |                   | MMP           |
| D2710  | CROWN - RESIN-BASED COMPOSITE (INDIRECT)                | Not Covered         |     |                   | MMP           |
| D2712  | CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)            | Not Covered         |     |                   | MMP           |
| D2720  | CROWN-RESIN WITH HIGH NOBLE METAL                       | Not Covered         |     |                   | MMP           |
| D2721  | CROWN-RESIN WITH PREDOMINANTLY BASE METAL               | Not Covered         |     |                   | MMP           |
| D2722  | CROWN-RESIN WITH NOBLE METAL                            | Not Covered         |     |                   | MMP           |
| D2740  | CROWN-PORCELAIN/CERAMIC SUBSTRATE                       | Not Covered         |     |                   | MMP           |
| D2750  | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL               | Not Covered         |     |                   | MMP           |
| D2751  | CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL       | Not Covered         |     |                   | MMP           |
| D2752  | CROWN-PORCELAIN FUSED TO NOBLE METAL                    | Not Covered         |     |                   | MMP           |
| D2780  | CROWN - 3/4 CAST HIGH NOBLE METAL                       | Not Covered         |     |                   | MMP           |
| D2781  | CROWN - 3/4 CAST PREDOMINANTLY BASE METAL               | Not Covered         |     |                   | MMP           |
| D2782  | CROWN - 3/4 CAST NOBLE METAL                            | Not Covered         |     |                   | MMP           |
| D2783  | CROWN - 3/4 PORCELAIN/CERAMIC                           | Not Covered         |     |                   | MMP           |
| D2790  | CROWN-FULL CAST HIGH NOBLE METAL                        | Not Covered         |     |                   | MMP           |
| D2791  | CROWN-FULL CAST PREDOMINANTLY BASE METAL                | Not Covered         |     |                   | MMP           |
| D2792  | CROWN-FULL CAST NOBLE METAL                             | Not Covered         |     |                   | MMP           |
| D2794  | CROWN-TITANIUM  | Not Covered         |     |                   | MMP           |
| D2799  | PROVISIONAL CROWN                                       | Not Covered         |     |                   | MMP           |
| D2910  | RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION   | Not Covered         |     |                   | MMP           |
| D2915  | RECEMENT CAST OR PREFABRICATED POST AND CORE            | Not Covered         |     |                   | MMP           |
| D2920  | RECEMENT CROWN  | Not Covered         |     |                   | MMP           |
| D2921  | Reattach tooth fragment                                 | Not Covered         |     |                   | MMP           |
| D2929  | Prefab porc/ceram crown pri                             | Not Covered         |     |                   | MMP           |
| D2930  | PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH       | Not Covered         |     |                   | MMP           |
| D2931  | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH     | Not Covered         |     |                   | MMP           |
| D2932  | PREFABRICATED RESIN CROWN                               | Not Covered         |     |                   | MMP           |

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| D2933  | PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW   | Not Covered         |     |                   | MMP           |
| D2934  | PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH   | Not Covered         |     |                   | MMP           |
| D2940  | SEDATIVE FILLING  | Not Covered         |     |                   | MMP           |
| D2941  | Int therapeutic restoration   | Not Covered         |     |                   | MMP           |
| D2949  | Restorative foundation  | Not Covered         |     |                   | MMP           |
| D2950  | CORE BUILD-UP, INCLUDING ANY PINS   | Not Covered         |     |                   | MMP           |
| D2951  | PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION   | Not Covered         |     |                   | MMP           |
| D2952  | POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED   | Not Covered         |     |                   | MMP           |
| D2953  | EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH   | Not Covered         |     |                   | MMP           |
| D2954  | PREFABRICATED POST AND CORE IN ADDITION TO CROWN  | Not Covered         |     |                   | MMP           |
| D2955  | POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)   | Not Covered         |     |                   | MMP           |
| D2957  | EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH   | Not Covered         |     |                   | MMP           |
| D2960  | LABIAL VENEER (LAMINATE)-CHAIRSIDE  | Not Covered         |     |                   | MMP           |
| D2961  | LABIAL VENEER (RESIN LAMINATE)-LABORATORY   | Not Covered         |     |                   | MMP           |
| D2962  | LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY   | Not Covered         |     |                   | MMP           |
| D2971  | ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK                               | Not Covered         |     |                   | MMP           |
| D2975  | COPING  | Not Covered         |     |                   | MMP           |
| D2980  | CROWN REPAIR, BY REPORT   | Not Covered         |     |                   | MMP           |
| D2981  | Inlay repair  | Not Covered         |     |                   | MMP           |
| D2982  | Onlay repair  | Not Covered         |     |                   | MMP           |
| D2983  | Veneer repair   | Not Covered         |     |                   | MMP           |
| D2990  | Resin infiltration of lesion  | Not Covered         |     |                   | MMP           |
| D2999  | UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT  | Not Covered         |     |                   | MMP           |
| D3230  | PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)                           | Not Covered         |     |                   | MMP           |
| D3240  | PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)                          | Not Covered         |     |                   | MMP           |
| D3331  | TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS  | Not Covered         |     |                   | MMP           |
| D3332  | INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH  | Not Covered         |     |                   | MMP           |
| D3333  | INTERNAL ROOT REPAIR OF PERFORATION DEFECTS   | Not Covered         |     |                   | MMP           |
| D3346  | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR   | Not Covered         |     |                   | MMP           |
| D3347  | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID   | Not Covered         |     |                   | MMP           |
| D3348  | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR  | Not Covered         |     |                   | MMP           |
| D3351  | APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.) | Not Covered         |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D3352  | APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)                    | Not Covered         |     |                   | MMP           |
| D3353  | APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.) | Not Covered         |     |                   | MMP           |
| D3355  | Pulpal regeneration initial   | Not Covered         |     |                   | MMP           |
| D3356  | Pulpal regeneration interim   | Not Covered         |     |                   | MMP           |
| D3357  | Pulpal regeneration complete  | Not Covered         |     |                   | MMP           |
| D3410  | APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR  | Not Covered         |     |                   | MMP           |
| D3421  | APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)   | Not Covered         |     |                   | MMP           |
| D3425  | APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).   | Not Covered         |     |                   | MMP           |
| D3426  | APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)  | Not Covered         |     |                   | MMP           |
| D3427  | Periradicular surgery   | Not Covered         |     |                   | MMP           |
| D3428  | Bone graft peri per tooth   | Not Covered         |     |                   | MMP           |
| D3429  | Bone graft peri each addl   | Not Covered         |     |                   | MMP           |
| D3430  | RETROGRADE FILLING-PER ROOT   | Not Covered         |     |                   | MMP           |
| D3431  | Biological materials  | Not Covered         |     |                   | MMP           |
| D3432  | Guided tissue regeneration  | Not Covered         |     |                   | MMP           |
| D3450  | ROOT AMPUTATION-PER ROOT  | Not Covered         |     |                   | MMP           |
| D3460  | ENDODONTIC ENDOSSEOUS IMPLANT   | Not Covered         |     |                   | MMP           |
| D3470  | INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)  | Not Covered         |     |                   | MMP           |
| D3910  | SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM   | Not Covered         |     |                   | MMP           |
| D3920  | HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY  | Not Covered         |     |                   | MMP           |
| D3950  | CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST  | Not Covered         |     |                   | MMP           |
| D3999  | UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT   | Not Covered         |     |                   | MMP           |
| D4210  | GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT  | Not Covered         |     |                   | MMP           |
| D4211  | GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT  | Not Covered         |     |                   | MMP           |
| D4212  | Gingivectomy/plasty rest  | Not Covered         |     |                   | MMP           |
| D4230  | ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT  | Not Covered         |     |                   | MMP           |
| D4231  | ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT   | Not Covered         |     |                   | MMP           |
| D4240  | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT                                    | Not Covered         |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D4241  | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT           | Not Covered         |     |                   | MMP           |
| D4245  | APICALLY POSITIONED FLAP   | Not Covered         |     |                   | MMP           |
| D4249  | CLINICAL CROWN LENGTHENING-HARD TISSUE   | Not Covered         |     |                   | MMP           |
| D4261  | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT  | Not Covered         |     |                   | MMP           |
| D4263  | BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT  | Not Covered         |     |                   | MMP           |
| D4264  | BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION  | Not Covered         |     |                   | MMP           |
| D4265  | GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE  | Not Covered         |     |                   | MMP           |
| D4266  | GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES MEMBRANE REMOVAL)                                      | Not Covered         |     |                   | MMP           |
| D4267  | SURGICAL REVISION PROCEDURE, PER TOOTH   | Not Covered         |     |                   | MMP           |
| D4268  | PEDICLE SOFT TISSUE GRAFT PROCEDURE  | Not Covered         |     |                   | MMP           |
| D4270  | FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)  | Not Covered         |     |                   | MMP           |
| D4271  | SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH  | Not Covered         |     |                   | MMP           |
| D4273  | DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)    | Not Covered         |     |                   | MMP           |
| D4274  | SOFT TISSUE ALLOGRAFT  | Not Covered         |     |                   | MMP           |
| D4275  | COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH   | Not Covered         |     |                   | MMP           |
| D4276  | PROVISIONAL SPLINTING-INTRACORONAL   | Not Covered         |     |                   | MMP           |
| D4277  | Soft tissue graft firsttooth   | Not Covered         |     |                   | MMP           |
| D4278  | Soft tissue graft addl tooth   | Not Covered         |     |                   | MMP           |
| D4320  | PROVISIONAL SPLINTING-EXTRACORONAL   | Not Covered         |     |                   | MMP           |
| D4321  | PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT   | Not Covered         |     |                   | MMP           |
| D4920  | UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT   | Not Covered         |     |                   | MMP           |
| D4921  | Gingival irrigation per quad   | Not Covered         |     |                   | MMP           |
| D4999  | COMPLETE DENTURE - MAXILLARY   | Not Covered         |     |                   | MMP           |
| D5110  | COMPLETE DENTURE - MANDIBULAR  | Not Covered         |     |                   | MMP           |
| D5120  | IMMEDIATE DENTURE - MAXILLARY  | Not Covered         |     |                   | MMP           |
| D5130  | IMMEDIATE DENTURE - MANDIBULAR   | Not Covered         |     |                   | MMP           |
| D5140  | UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)  | Not Covered         |     |                   | MMP           |
| D5211  | LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)  | Not Covered         |     |                   | MMP           |
| D5212  | MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | Not Covered         |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D5213  | MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)  | Not Covered         |     |                   | MMP           |
| D5214  | MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | Not Covered         |     |                   | MMP           |
| D5225  | MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND  | Not Covered         |     |                   | MMP           |
| D5226  | MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND   | Not Covered         |     |                   | MMP           |
| D5281  | REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)  | Not Covered         |     |                   | MMP           |
| D5410  | ADJUST COMPLETE DENTURE - MAXILLARY   | Not Covered         |     |                   | MMP           |
| D5411  | ADJUST COMPLETE DENTURE - MAXILLARY   | Not Covered         |     |                   | MMP           |
| D5421  | ADJUST COMPLETE DENTURE - MANDIBULAR  | Not Covered         |     |                   | MMP           |
| D5422  | ADJUST PARTIAL DENTURE - MAXILLARY  | Not Covered         |     |                   | MMP           |
| D5510  | ADJUST PARTIAL DENTURE - MANDIBULAR   | Not Covered         |     |                   | MMP           |
| D5520  | REPAIR BROKEN COMPLETE DENTURE BASE   | Not Covered         |     |                   | MMP           |
| D5610  | REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)   | Not Covered         |     |                   | MMP           |
| D5620  | REPAIR RESIN DENTURE BASE   | Not Covered         |     |                   | MMP           |
| D5630  | REPAIR CAST FRAMEWORK   | Not Covered         |     |                   | MMP           |
| D5640  | REPAIR OR REPLACE BROKEN CLASP  | Not Covered         |     |                   | MMP           |
| D5650  | REPLACE BROKEN TEETH-PER TOOTH  | Not Covered         |     |                   | MMP           |
| D5660  | ADD TOOTH TO EXISTING PARTIAL DENTURE   | Not Covered         |     |                   | MMP           |
| D5670  | ADD CLASP TO EXISTING PARTIAL DENTURE   | Not Covered         |     |                   | MMP           |
| D5671  | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)   | Not Covered         |     |                   | MMP           |
| D5710  | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)  | Not Covered         |     |                   | MMP           |
| D5711  | REBASE COMPLETE MAXILLARY DENTURE   | Not Covered         |     |                   | MMP           |
| D5720  | REBASE COMPLETE MANDIBULAR DENTURE  | Not Covered         |     |                   | MMP           |
| D5721  | REBASE MAXILLARY PARTIAL DENTURE  | Not Covered         |     |                   | MMP           |
| D5730  | REBASE MANDIBULAR PARTIAL DENTURE   | Not Covered         |     |                   | MMP           |
| D5731  | RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)   | Not Covered         |     |                   | MMP           |
| D5740  | RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)  | Not Covered         |     |                   | MMP           |
| D5741  | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)  | Not Covered         |     |                   | MMP           |
| D5750  | RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)   | Not Covered         |     |                   | MMP           |
| D5751  | RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)  | Not Covered         |     |                   | MMP           |
| D5760  | RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)   | Not Covered         |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D5761  | RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)   | Not Covered         |     |                   | MMP           |
| D5810  | RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)  | Not Covered         |     |                   | MMP           |
| D5811  | INTERIM COMPLETE DENTURE (MAXILLARY)  | Not Covered         |     |                   | MMP           |
| D5820  | INTERIM COMPLETE DENTURE (MANDIBULAR)   | Not Covered         |     |                   | MMP           |
| D5821  | INTERIM PARTIAL DENTURE (MAXILLARY)   | Not Covered         |     |                   | MMP           |
| D5850  | INTERIM PARTIAL DENTURE (MANDIBULAR)  | Not Covered         |     |                   | MMP           |
| D5851  | TISSUE CONDITIONING, MAXILLARY  | Not Covered         |     |                   | MMP           |
| D5860  | TISSUE CONDITIONING, MANDIBULAR   | Not Covered         |     |                   | MMP           |
| D5861  | OVERDENTURE-COMPLETE, BY REPORT   | Not Covered         |     |                   | MMP           |
| D5862  | OVERDENTURE-PARTIAL, BY REPORT  | Not Covered         |     |                   | MMP           |
| D5863  | Overdenture complete max  | Not Covered         |     |                   | MMP           |
| D5864  | Overdenture partial max   | Not Covered         |     |                   | MMP           |
| D5865  | Overdenture complete mandib   | Not Covered         |     |                   | MMP           |
| D5866  | Overdenture partial mandib  | Not Covered         |     |                   | MMP           |
| D5867  | REPLACEMENT OF REPLACEABLE PART OF SEMIPRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) | Not Covered         |     |                   | MMP           |
| D5875  | MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY                                      | Not Covered         |     |                   | MMP           |
| D5899  | MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY                                      | Not Covered         |     |                   | MMP           |
| D5911  | UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT  | Not Covered         |     |                   | MMP           |
| D5912  | FACIAL MOULAGE (SECTIONAL)  | Not Covered         |     |                   | MMP           |
| D5913  | FACIAL MOULAGE (COMPLETE)   | Not Covered         |     |                   | MMP           |
| D5914  | NASAL PROSTHESIS  | Not Covered         |     |                   | MMP           |
| D5915  | AURICULAR PROSTHESIS  | Not Covered         |     |                   | MMP           |
| D5916  | ORBITAL PROSTHESIS  | Not Covered         |     |                   | MMP           |
| D5919  | OCULAR PROSTHESIS   | Not Covered         |     |                   | MMP           |
| D5922  | FACIAL PROSTHESIS   | Not Covered         |     |                   | MMP           |
| D5923  | NASAL SEPTAL PROSTHESIS   | Not Covered         |     |                   | MMP           |
| D5924  | OCULAR PROSTHESIS, INTERIM  | Not Covered         |     |                   | MMP           |
| D5925  | CRANIAL PROSTHESIS  | Not Covered         |     |                   | MMP           |
| D5926  | FACIAL AUGMENTATION IMPLANT PROSTHESIS  | Not Covered         |     |                   | MMP           |
| D5927  | NASAL PROSTHESIS, REPLACEMENT   | Not Covered         |     |                   | MMP           |
| D5928  | AURICULAR PROSTHESIS, REPLACEMENT   | Not Covered         |     |                   | MMP           |
| D5929  | ORBITAL PROSTHESIS, REPLACEMENT   | Not Covered         |     |                   | MMP           |
| D5931  | FACIAL PROSTHESIS, REPLACEMENT  | Not Covered         |     |                   | MMP           |
| D5932  | OBTURATOR PROSTHESIS, SURGICAL  | Not Covered         |     |                   | MMP           |
| D5933  | OBTURATOR PROSTHESIS, DEFINITIVE  | Not Covered         |     |                   | MMP           |
| D5934  | OBTURATOR PROSTHESIS, MODIFICATION  | Not Covered         |     |                   | MMP           |
| D5935  | MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE   | Not Covered         |     |                   | MMP           |
| D5936  | MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE  | Not Covered         |     |                   | MMP           |
| D5937  | OBTURATOR/PROSTHESIS, INTERIM   | Not Covered         |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D5951  | TRISMUS APPLIANCE (NOT FOR TM TREATMENT)  | Not Covered         |     |                   | MMP           |
| D5952  | FEEDING AID   | Not Covered         |     |                   | MMP           |
| D5953  | SPEECH AID PROsthESIS, PEDIATRIC  | Not Covered         |     |                   | MMP           |
| D5954  | SPEECH AID PROsthESIS, ADULT  | Not Covered         |     |                   | MMP           |
| D5955  | PALATAL AUGMENTATION PROsthESIS   | Not Covered         |     |                   | MMP           |
| D5958  | PALATAL LIFT PROsthESIS, DEFINITIVE   | Not Covered         |     |                   | MMP           |
| D5959  | PALATAL LIFT PROsthESIS, INTERIM  | Not Covered         |     |                   | MMP           |
| D5960  | PALATAL LIFT PROsthESIS, MODIFICATION   | Not Covered         |     |                   | MMP           |
| D5982  | SPEECH AID PROsthESIS, MODIFICATION   | Not Covered         |     |                   | MMP           |
| D5983  | SURGICAL STENT  | Not Covered         |     |                   | MMP           |
| D5984  | RADIATION CARRIER   | Not Covered         |     |                   | MMP           |
| D5985  | RADIATION SHIELD  | Not Covered         |     |                   | MMP           |
| D5986  | RADIATION CONE LOCATOR  | Not Covered         |     |                   | MMP           |
| D5987  | FLUORIDE GEL CARRIER  | Not Covered         |     |                   | MMP           |
| D5988  | COMMISSURE SPLINT   | Not Covered         |     |                   | MMP           |
| D5991  | TOPICAL MEDICAMENT CARRIER  | Not Covered         |     |                   | MMP           |
| D5992  | Adjust max prost appliance  | Not Covered         |     |                   | MMP           |
| D5993  | Main/clean max prosthesis   | Not Covered         |     |                   | MMP           |
| D5994  | Peridontal medicament   | Not Covered         |     |                   | MMP           |
| D5999  | SURGICAL SPLINT   | Not Covered         |     |                   | MMP           |
| D6010  | UNSPECIFIED MAXILLOFACIAL PROsthESIS, BY REPORT   | Not Covered         |     |                   | MMP           |
| D6011  | Second stage implant surgery  | Not Covered         |     |                   | MMP           |
| D6012  | SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROsthESIS: ENDOSTEAL IMPLANT | Not Covered         |     |                   | MMP           |
| D6013  | Surgical place mini implant   | Not Covered         |     |                   | MMP           |
| D6040  | ABUTMENT PLACEMENT OR SUBSTITUTION: ENDOSTEAL IMPLANT                                     | Not Covered         |     |                   | MMP           |
| D6050  | SURGICAL PLACEMENT: EPOSTEAL IMPLANT  | Not Covered         |     |                   | MMP           |
| D6051  | Interim abutment  | Not Covered         |     |                   | MMP           |
| D6052  | Semi precision attach abut  | Not Covered         |     |                   | MMP           |
| D6053  | SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT   | Not Covered         |     |                   | MMP           |
| D6054  | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH               | Not Covered         |     |                   | MMP           |
| D6055  | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH                | Not Covered         |     |                   | MMP           |
| D6056  | DENTAL IMPLANT SUPPORTED CONNECTING BAR   | Not Covered         |     |                   | MMP           |
| D6057  | PREFABRICATED ABUTMENT - INCLUDES PLACEMENT   | Not Covered         |     |                   | MMP           |
| D6058  | CUSTOM ABUTMENT - INCLUDES PLACEMENT  | Not Covered         |     |                   | MMP           |
| D6059  | ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN  | Not Covered         |     |                   | MMP           |
| D6060  | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)                      | Not Covered         |     |                   | MMP           |
| D6061  | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)              | Not Covered         |     |                   | MMP           |
| D6062  | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)                           | Not Covered         |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D6063  | ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)  | Not Covered         |     |                   | MMP           |
| D6064  | ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)  | Not Covered         |     |                   | MMP           |
| D6065  | ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)   | Not Covered         |     |                   | MMP           |
| D6066  | IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)   | Not Covered         |     |                   | MMP           |
| D6067  | IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)  | Not Covered         |     |                   | MMP           |
| D6068  | IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)  | Not Covered         |     |                   | MMP           |
| D6069  | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD   | Not Covered         |     |                   | MMP           |
| D6070  | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL)   | Not Covered         |     |                   | MMP           |
| D6071  | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)  | Not Covered         |     |                   | MMP           |
| D6072  | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)  | Not Covered         |     |                   | MMP           |
| D6073  | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)   | Not Covered         |     |                   | MMP           |
| D6074  | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)   | Not Covered         |     |                   | MMP           |
| D6075  | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)  | Not Covered         |     |                   | MMP           |
| D6076  | IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOLBE METAL)                               | Not Covered         |     |                   | MMP           |
| D6077  | IMPLANT SUPPORT RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)   | Not Covered         |     |                   | MMP           |
| D6078  | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH   | Not Covered         |     |                   | MMP           |
| D6079  | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH   | Not Covered         |     |                   | MMP           |
| D6080  | IMPLANT MAINTENANCE PROCEDURES, INCLUDING: REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMEN REINSERTION OF PROSTHESIS           | Not Covered         |     |                   | MMP           |
| D6090  | PROSTHESIS AND ABUTMEN REINSERTION OF PROSTHESIS  | Not Covered         |     |                   | MMP           |
| D6091  | REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT | Not Covered         |     |                   | MMP           |
| D6092  | RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN   | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D6093  | RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE      | Not Covered         |     |                   | MMP           |
| D6094  | ABUTMENT SUPPORTED CROWN - (TITANIUM)                          | Not Covered         |     |                   | MMP           |
| D6095  | ABUTMENT SUPPORTED CROWN - (TITANIUM)                          | Not Covered         |     |                   | MMP           |
| D6100  | REPAIR IMPLANT ABUTMENT, BY REPORT                             | Not Covered         |     |                   | MMP           |
| D6101  | Debridement of a periimplant                                   | Not Covered         |     |                   | MMP           |
| D6102  | Debridement & contouring                                       | Not Covered         |     |                   | MMP           |
| D6103  | Bone graft repair perimplant                                   | Not Covered         |     |                   | MMP           |
| D6104  | Bone graft time of implant                                     | Not Covered         |     |                   | MMP           |
| D6110  | Implnt/abut remov dent max                                     | Not Covered         |     |                   | MMP           |
| D6111  | Implnt/abut remov dent mand                                    | Not Covered         |     |                   | MMP           |
| D6112  | Imp/abut rem dent part max                                     | Not Covered         |     |                   | MMP           |
| D6113  | Imp/abut rem dent part mand                                    | Not Covered         |     |                   | MMP           |
| D6114  | Implnt/abut fixed dent max                                     | Not Covered         |     |                   | MMP           |
| D6115  | Implnt/abut fixed dent mand                                    | Not Covered         |     |                   | MMP           |
| D6116  | Imp/abut fixed dent part max                                   | Not Covered         |     |                   | MMP           |
| D6117  | Imp/abut fixed dent part man                                   | Not Covered         |     |                   | MMP           |
| D6190  | RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT                 | Not Covered         |     |                   | MMP           |
| D6194  | ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITANIUM)         | Not Covered         |     |                   | MMP           |
| D6199  | ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITANIUM)         | Not Covered         |     |                   | MMP           |
| D6205  | PONTIC - INDIRECT RESIN BASED COMPOSITE                        | Not Covered         |     |                   | MMP           |
| D6210  | UNSPECIFIED IMPLANT PROCEDURE, BY REPORT                       | Not Covered         |     |                   | MMP           |
| D6211  | PONTIC-CAST HIGH NOBLE METAL                                   | Not Covered         |     |                   | MMP           |
| D6212  | PONTIC-CAST PREDOMINANTLY BASE METAL                           | Not Covered         |     |                   | MMP           |
| D6214  | PONTIC - TITANIUM  | Not Covered         |     |                   | MMP           |
| D6240  | PONTIC - TITANIUM  | Not Covered         |     |                   | MMP           |
| D6241  | PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL                     | Not Covered         |     |                   | MMP           |
| D6242  | PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL             | Not Covered         |     |                   | MMP           |
| D6245  | PONTIC-PORCELAIN FUSED TO NOBLE METAL                          | Not Covered         |     |                   | MMP           |
| D6250  | PONTIC - PORCELAIN/CERAMIC                                     | Not Covered         |     |                   | MMP           |
| D6251  | PONTIC-RESIN WITH HIGH NOBLE METAL                             | Not Covered         |     |                   | MMP           |
| D6252  | PONTIC-RESIN WITH PREDOMINANTLY BASE METAL                     | Not Covered         |     |                   | MMP           |
| D6253  | PONTIC-RESIN WITH NOBLE METAL                                  | Not Covered         |     |                   | MMP           |
| D6545  | PROVISIONAL PONTIC   | Not Covered         |     |                   | MMP           |
| D6548  | RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS          | Not Covered         |     |                   | MMP           |
| D6549  | Resin retainer   | Not Covered         |     |                   | MMP           |
| D6600  | RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS | Not Covered         |     |                   | MMP           |
| D6601  | INLAY-PORCELAIN/CERAMIC, TWO SURFACES                          | Not Covered         |     |                   | MMP           |
| D6602  | INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES              | Not Covered         |     |                   | MMP           |
| D6603  | INLAY - CAST HIGH NOBLE METAL, TWO SURFACES                    | Not Covered         |     |                   | MMP           |
| D6604  | INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES          | Not Covered         |     |                   | MMP           |
| D6605  | INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES            | Not Covered         |     |                   | MMP           |
| D6606  | INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES  | Not Covered         |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
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| D6607  | INLAY - CAST NOBLE METAL, TWO SURFACES   | Not Covered         |     |                   | MMP           |
| D6608  | INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES   | Not Covered         |     |                   | MMP           |
| D6609  | ONLAY - PORCELAIN/CERAMIC, TWO SURFACES  | Not Covered         |     |                   | MMP           |
| D6610  | ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES  | Not Covered         |     |                   | MMP           |
| D6611  | ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES  | Not Covered         |     |                   | MMP           |
| D6612  | ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES  | Not Covered         |     |                   | MMP           |
| D6613  | ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES  | Not Covered         |     |                   | MMP           |
| D6614  | ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES                                    | Not Covered         |     |                   | MMP           |
| D6615  | ONLAY - CAST NOBLE METAL, TWO SURFACES   | Not Covered         |     |                   | MMP           |
| D6624  | INLAY - TITANIUM   | Not Covered         |     |                   | MMP           |
| D6634  | ONLAY - TITANIUM   | Not Covered         |     |                   | MMP           |
| D6710  | CROWN - INDIRECT RESIN BASED COMPOSITE   | Not Covered         |     |                   | MMP           |
| D6720  | CROWN - INDIRECT RESIN BASED COMPOSITE   | Not Covered         |     |                   | MMP           |
| D6721  | CROWN-RESIN WITH HIGH NOBLE METAL  | Not Covered         |     |                   | MMP           |
| D6722  | CROWN-RESIN WITH PREDOMINANTLY BASE METAL  | Not Covered         |     |                   | MMP           |
| D6740  | CROWN-RESIN WITH NOBLE METAL   | Not Covered         |     |                   | MMP           |
| D6750  | CROWN - PORCELAIN/CERAMIC  | Not Covered         |     |                   | MMP           |
| D6751  | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL  | Not Covered         |     |                   | MMP           |
| D6752  | CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL  | Not Covered         |     |                   | MMP           |
| D6780  | CROWN-PORCELAIN FUSED TO NOBLE METAL   | Not Covered         |     |                   | MMP           |
| D6781  | CROWN-3/4 CAST HIGH NOBLE METAL  | Not Covered         |     |                   | MMP           |
| D6782  | CROWN - 3/4 CAST PREDOMINANTLY BASED METAL   | Not Covered         |     |                   | MMP           |
| D6783  | CROWN - 3/4 CAST NOBLE METAL   | Not Covered         |     |                   | MMP           |
| D6790  | CROWN - 3/4 PORCELAIN/CERAMIC  | Not Covered         |     |                   | MMP           |
| D6791  | CROWN-FULL CAST HIGH NOBLE METAL   | Not Covered         |     |                   | MMP           |
| D6792  | CROWN-FULL CAST PREDOMINANTLY BASE METAL   | Not Covered         |     |                   | MMP           |
| D6793  | CROWN-FULL CAST NOBLE METAL  | Not Covered         |     |                   | MMP           |
| D6794  | CROWN - TITANIUM   | Not Covered         |     |                   | MMP           |
| D6920  | CROWN - TITANIUM   | Not Covered         |     |                   | MMP           |
| D6930  | CONNECTOR BAR  | Not Covered         |     |                   | MMP           |
| D6940  | RECEMENT BRIDGE  | Not Covered         |     |                   | MMP           |
| D6950  | STRESS BREAKER   | Not Covered         |     |                   | MMP           |
| D6970  | POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER, INDIRECTLY FABRICATED, REVISED 1/07 | Not Covered         |     |                   | MMP           |
| D6972  | CAST POST AS PART OF BRIDGE RETAINER   | Not Covered         |     |                   | MMP           |
| D6973  | PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE RETAINER                                       | Not Covered         |     |                   | MMP           |
| D6975  | CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS   | Not Covered         |     |                   | MMP           |
| D6976  | COPING-METAL   | Not Covered         |     |                   | MMP           |
| D6977  | EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH  | Not Covered         |     |                   | MMP           |
| D6980  | EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH  | Not Covered         |     |                   | MMP           |
| D6985  | BRIDGE REPAIR, BY REPORT   | Not Covered         |     |                   | MMP           |

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| D6999  | PEDIATRIC PARTIAL DENTURE, FIXED  | Not Covered         |     |                   | MMP           |
| D7241  | REMOVAL OF IMPACTED TOOTH-COMpletely BONY   | Not Covered         |     |                   | MMP           |
| D7251  | Coronectomy   | Not Covered         |     |                   | MMP           |
| D7260  | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)  | Not Covered         |     |                   | MMP           |
| D7261  | ORAL ANTRAL FISTULA CLOSURE   | Not Covered         |     |                   | MMP           |
| D7270  | TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH AND/OR ALVEOLUS       | Not Covered         |     |                   | MMP           |
| D7272  | TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION) | Not Covered         |     |                   | MMP           |
| D7280  | SPLINTING AND/OR STABILIZATION)   | Not Covered         |     |                   | MMP           |
| D7282  | SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH TO AID ERUPTION  | Not Covered         |     |                   | MMP           |
| D7283  | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH  | Not Covered         |     |                   | MMP           |
| D7285  | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH  | Not Covered         |     |                   | MMP           |
| D7286  | BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)  | Not Covered         |     |                   | MMP           |
| D7287  | BIOPSY OF ORAL TISSUE - SOFT  | Not Covered         |     |                   | MMP           |
| D7288  | BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION   | Not Covered         |     |                   | MMP           |
| D7290  | BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION   | Not Covered         |     |                   | MMP           |
| D7291  | SURGICAL REPOSITIONING OF TEETH   | Not Covered         |     |                   | MMP           |
| D7292  | SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING SURGICAL FLAP               | Not Covered         |     |                   | MMP           |
| D7293  | SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP                                      | Not Covered         |     |                   | MMP           |
| D7294  | SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP  | Not Covered         |     |                   | MMP           |
| D7295  | Bone harvest,auto graft proc  | Not Covered         |     |                   | MMP           |
| D7310  | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT            | Not Covered         |     |                   | MMP           |
| D7311  | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH                                 | Not Covered         |     |                   | MMP           |
| D7320  | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT        | Not Covered         |     |                   | MMP           |
| D7321  | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH                             | Not Covered         |     |                   | MMP           |
| D7340  | VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)  | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D7350  | VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE RE-ATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT, AND MANA | Not Covered         |     |                   | MMP           |
| D7410  | HYPERTROPHIED AND HYPERPLASTIC TISSUE)   | Not Covered         |     |                   | MMP           |
| D7411  | EXCISION OF BENIGN LESION UP TO 1.25 CM  | Not Covered         |     |                   | MMP           |
| D7412  | EXCISION OF BENIGN LESION GREATER THAN 1.25 CM   | Not Covered         |     |                   | MMP           |
| D7413  | EXCISION OF BENIGN LESION, COMPLICATED   | Not Covered         |     |                   | MMP           |
| D7414  | EXCISION OF MALIGNANT LESION UP TO 1.25 CM   | Not Covered         |     |                   | MMP           |
| D7415  | EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM  | Not Covered         |     |                   | MMP           |
| D7440  | EXCISION OF MALIGNANT LESION, COMPLICATED  | Not Covered         |     |                   | MMP           |
| D7441  | EXCISION OF MALIGNANT TUMOR- LESION DIAMETER UP TO 1.25 CM   | Not Covered         |     |                   | MMP           |
| D7450  | EXCISION OF MALIGNANT TUMOR- LESION DIAMETER GREATER THAN 1.25 CM  | Not Covered         |     |                   | MMP           |
| D7451  | REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM  | Not Covered         |     |                   | MMP           |
| D7460  | REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM   | Not Covered         |     |                   | MMP           |
| D7461  | REMOVAL OF NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM   | Not Covered         |     |                   | MMP           |
| D7465  | DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT  | Not Covered         |     |                   | MMP           |
| D7471  | DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT  | Not Covered         |     |                   | MMP           |
| D7472  | REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)   | Not Covered         |     |                   | MMP           |
| D7473  | REMOVAL OF TORUS PALATINUS   | Not Covered         |     |                   | MMP           |
| D7485  | REMOVAL OF TORUS MANDIBULARIS  | Not Covered         |     |                   | MMP           |
| D7490  | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY   | Not Covered         |     |                   | MMP           |
| D7510  | RADICAL RESECTION OF MAXILLA OR MANDIBLE   | Not Covered         |     |                   | MMP           |
| D7511  | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED   | Not Covered         |     |                   | MMP           |
| D7520  | (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)   | Not Covered         |     |                   | MMP           |
| D7521  | INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED   | Not Covered         |     |                   | MMP           |
| D7530  | (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)   | Not Covered         |     |                   | MMP           |
| D7540  | REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE   | Not Covered         |     |                   | MMP           |
| D7550  | REMOVAL OF REACTION-PRODUCING FOREIGN BODIES- MUSCULOSKELETAL SYSTEM   | Not Covered         |     |                   | MMP           |
| D7560  | PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE   | Not Covered         |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D7610  | MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY                | Not Covered         |     |                   | MMP           |
| D7620  | MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)                             | Not Covered         |     |                   | MMP           |
| D7630  | MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)                           | Not Covered         |     |                   | MMP           |
| D7640  | MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)                            | Not Covered         |     |                   | MMP           |
| D7650  | MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)                          | Not Covered         |     |                   | MMP           |
| D7660  | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION  | Not Covered         |     |                   | MMP           |
| D7670  | MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION                                      | Not Covered         |     |                   | MMP           |
| D7671  | ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH                   | Not Covered         |     |                   | MMP           |
| D7680  | FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES | Not Covered         |     |                   | MMP           |
| D7710  | MAXILLA-OPEN REDUCTION  | Not Covered         |     |                   | MMP           |
| D7720  | MAXILLA-OPEN REDUCTION  | Not Covered         |     |                   | MMP           |
| D7730  | MAXILLA-CLOSED REDUCTION  | Not Covered         |     |                   | MMP           |
| D7740  | MANDIBLE-OPEN REDUCTION   | Not Covered         |     |                   | MMP           |
| D7750  | MANDIBLE-CLOSED REDUCTION   | Not Covered         |     |                   | MMP           |
| D7760  | MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION  | Not Covered         |     |                   | MMP           |
| D7770  | MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION                                      | Not Covered         |     |                   | MMP           |
| D7771  | ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH                                  | Not Covered         |     |                   | MMP           |
| D7780  | FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES | Not Covered         |     |                   | MMP           |
| D7810  | OPEN REDUCTION OF DISLOCATION   | Not Covered         |     |                   | MMP           |
| D7820  | CLOSED REDUCTION OF DISLOCATION   | Not Covered         |     |                   | MMP           |
| D7830  | MANIPULATION UNDER ANESTHESIA   | Not Covered         |     |                   | MMP           |
| D7840  | CONDYLECTOMY  | Not Covered         |     |                   | MMP           |
| D7850  | SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT   | Not Covered         |     |                   | MMP           |
| D7852  | DISC REPAIR   | Not Covered         |     |                   | MMP           |
| D7854  | SYNOVECTOMY   | Not Covered         |     |                   | MMP           |
| D7856  | MYOTOMY   | Not Covered         |     |                   | MMP           |
| D7858  | JOINT RECONSTRUCTION  | Not Covered         |     |                   | MMP           |
| D7860  | ARTHROTOMY  | Not Covered         |     |                   | MMP           |
| D7865  | ARTHROPLASTY  | Not Covered         |     |                   | MMP           |
| D7870  | ARTHROCENTESIS  | Not Covered         |     |                   | MMP           |
| D7871  | NON-ARTHROSCOPIC LYSIS AND LAVAGE   | Not Covered         |     |                   | MMP           |
| D7872  | ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY                                     | Not Covered         |     |                   | MMP           |
| D7873  | ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS                               | Not Covered         |     |                   | MMP           |
| D7874  | ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION                        | Not Covered         |     |                   | MMP           |
| D7875  | ARTHROSCOPY-SURGICAL: SYNOVECTOMY   | Not Covered         |     |                   | MMP           |
| D7876  | ARTHROSCOPY-SURGICAL: DISCECTOMY  | Not Covered         |     |                   | MMP           |
| D7877  | ARTHROSCOPY-SURGICAL: DEBRIDEMENT   | Not Covered         |     |                   | MMP           |
| D7880  | OCCLUSAL ORTHOTIC APPLIANCE   | Not Covered         |     |                   | MMP           |

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| D7899  | UNSPECIFIED TMD THERAPY, BY REPORT   | Not Covered         |     |                   | MMP           |
| D7910  | SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM   | Not Covered         |     |                   | MMP           |
| D7911  | COMPLICATED SUTURE-UP TO 5 CM  | Not Covered         |     |                   | MMP           |
| D7912  | COMPLICATED SUTURE-GREATER THAN 5 CM   | Not Covered         |     |                   | MMP           |
| D7920  | SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)  | Not Covered         |     |                   | MMP           |
| D7921  | Collect & appl blood product   | Not Covered         |     |                   | MMP           |
| D7940  | OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES   | Yes                 |     |                   | MMP           |
| D7941  | OSTEOTOMY - MANDIBULAR RAMI  | Not Covered         |     |                   | MMP           |
| D7943  | OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT  | Not Covered         |     |                   | MMP           |
| D7944  | OSTEOTOMY-SEGMENTED OR SUBAPICAL   | Not Covered         |     |                   | MMP           |
| D7945  | OSTEOTOMY-BODY OF MANDIBLE   | Not Covered         |     |                   | MMP           |
| D7946  | LEFORT I (MAXILLA-TOTAL)   | Not Covered         |     |                   | MMP           |
| D7947  | LEFORT I (MAXILLA-SEGMENTED)   | Not Covered         |     |                   | MMP           |
| D7948  | LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)-WITHOUT BONE GRAFT     | Not Covered         |     |                   | MMP           |
| D7949  | LEFORT II OR LEFORT III-WITH BONE GRAFT  | Not Covered         |     |                   | MMP           |
| D7950  | OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT | Not Covered         |     |                   | MMP           |
| D7951  | SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES   | Not Covered         |     |                   | MMP           |
| D7952  | Sinus augmentation vertical  | Not Covered         |     |                   | MMP           |
| D7953  | BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE   | Not Covered         |     |                   | MMP           |
| D7955  | REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT   | Not Covered         |     |                   | MMP           |
| D7960  | FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-SEPARATE PROCEDURE  | No                  |     |                   | MMP           |
| D7963  | FRENULOPLASTY  | Not Covered         |     |                   | MMP           |
| D7970  | EXCISION OF HYPERPLASTIC TISSUE-PER ARCH   | Not Covered         |     |                   | MMP           |
| D7971  | EXCISION OF PERICORONAL GINGIVA  | Not Covered         |     |                   | MMP           |
| D7972  | SURGICAL REDUCTION OF FIBROUS TUBEROSITY   | Not Covered         |     |                   | MMP           |
| D7980  | SIALOLITHOTOMY   | Not Covered         |     |                   | MMP           |
| D7981  | EXCISION OF SALIVARY GLAND, BY REPORT  | Not Covered         |     |                   | MMP           |
| D7982  | SIALODOCHOPLASTY   | Not Covered         |     |                   | MMP           |
| D7983  | CLOSURE OF SALIVARY FISTULA  | Not Covered         |     |                   | MMP           |
| D7990  | EMERGENCY TRACHEOTOMY  | Not Covered         |     |                   | MMP           |
| D7991  | CORONOIDECTOMY   | Not Covered         |     |                   | MMP           |
| D7995  | SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT  | Not Covered         |     |                   | MMP           |
| D7996  | IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT                                 | Not Covered         |     |                   | MMP           |
| D7997  | APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR                             | Not Covered         |     |                   | MMP           |



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| D7998  | INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE              | Not Covered         |     |                   | MMP           |
| D7999  | UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT  | Not Covered         |     |                   | MMP           |
| D8010  | LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION                                   | Not Covered         |     |                   | MMP           |
| D8020  | LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION                              | Not Covered         |     |                   | MMP           |
| D8030  | LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION                                | Not Covered         |     |                   | MMP           |
| D8040  | LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION                                     | Not Covered         |     |                   | MMP           |
| D8050  | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION                              | Not Covered         |     |                   | MMP           |
| D8060  | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION                         | Not Covered         |     |                   | MMP           |
| D8070  | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION                        | Not Covered         |     |                   | MMP           |
| D8080  | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION                          | Not Covered         |     |                   | MMP           |
| D8090  | COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION                               | Not Covered         |     |                   | MMP           |
| D8210  | REMOVABLE APPLIANCE THERAPY  | Not Covered         |     |                   | MMP           |
| D8220  | FIXED APPLIANCE THERAPY  | Not Covered         |     |                   | MMP           |
| D8660  | PRE-ORTHODONTIC VISIT  | Not Covered         |     |                   | MMP           |
| D8670  | PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)                               | Not Covered         |     |                   | MMP           |
| D8680  | ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S)) | Not Covered         |     |                   | MMP           |
| D8690  | ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)                            | Not Covered         |     |                   | MMP           |
| D8691  | REPAIR OF ORTHODONTIC APPLIANCE  | Not Covered         |     |                   | MMP           |
| D8692  | REPLACEMENT OF LOST OR BROKEN RETAINER   | Not Covered         |     |                   | MMP           |
| D8693  | REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS                 | Not Covered         |     |                   | MMP           |
| D8694  | Repair fixed retainers   | Not Covered         |     |                   | MMP           |
| D8999  | UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT   | Not Covered         |     |                   | MMP           |
| D9120  | FIXED PARTIAL DENTURE SECTIONING   | Not Covered         |     |                   | MMP           |
| D9210  | LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES                | Not Covered         |     |                   | MMP           |
| D9211  | REGIONAL BLOCK ANESTHESIA  | Not Covered         |     |                   | MMP           |
| D9212  | TRIGEMINAL DIVISION BLOCK ANESTHESIA   | Not Covered         |     |                   | MMP           |
| D9215  | LOCAL ANESTHESIA   | Not Covered         |     |                   | MMP           |
| D9219  | Eval for deep sed/gen anesth   | Not Covered         |     |                   | MMP           |
| D9222  | DEEP SEDATION/GENERAL ANESTHESIA--FIRST 15 MINUTES                                       | Yes                 |     |                   | MMP           |
| D9223  | Deep sedation/general anesthesia — each 15 minute increment                              | Yes                 |     |                   | MMP           |
| D9230  | ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE                                       | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D9242  | INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES   | Not Covered         |     |                   | MMP           |
| D9248  | NON-INTRAVENOUS CONSCIOUS SEDATION  | Not Covered         |     |                   | MMP           |
| D9310  | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN | Not Covered         |     |                   | MMP           |
| D9410  | HOUSE/EXTENDED CARE FACILITY CALL   | Not Covered         |     |                   | MMP           |
| D9420  | HOSPITAL CALL   | Not Covered         |     |                   | MMP           |
| D9430  | OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER SERVICES PERFORMED                   | Not Covered         |     |                   | MMP           |
| D9440  | OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS  | Not Covered         |     |                   | MMP           |
| D9450  | CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING  | Not Covered         |     |                   | MMP           |
| D9610  | THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION  | Not Covered         |     |                   | MMP           |
| D9612  | THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS                              | Not Covered         |     |                   | MMP           |
| D9630  | OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT   | Not Covered         |     |                   | MMP           |
| D9910  | APPLICATION OF DESENSITIZING MEDICAMENT   | Not Covered         |     |                   | MMP           |
| D9911  | APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH                                | Not Covered         |     |                   | MMP           |
| D9920  | BEHAVIOR MANAGEMENT, BY REPORT  | Not Covered         |     |                   | MMP           |
| D9930  | TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT                                  | Not Covered         |     |                   | MMP           |
| D9940  | OCCLUSAL GUARDS, BY REPORT  | Not Covered         |     |                   | MMP           |
| D9941  | FABRICATION OF ATHLETIC MOUTHGUARD  | Not Covered         |     |                   | MMP           |
| D9942  | REPAIR AND/OR RELINE OF OCCLUSAL GUARD  | Not Covered         |     |                   | MMP           |
| D9950  | OCCLUSION ANALYSIS-MOUNTED CASE   | Not Covered         |     |                   | MMP           |
| D9951  | OCCLUSAL ADJUSTMENT-LIMITED   | Not Covered         |     |                   | MMP           |
| D9952  | OCCLUSAL ADJUSTMENT-COMPLETE  | Not Covered         |     |                   | MMP           |
| D9970  | ENAMEL MICROABRASION  | Not Covered         |     |                   | MMP           |
| D9971  | ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS  | Not Covered         |     |                   | MMP           |
| D9972  | EXTERNAL BLEACHING - PER ARCH   | Not Covered         |     |                   | MMP           |
| D9973  | EXTERNAL BLEACHING - PER TOOTH  | Not Covered         |     |                   | MMP           |
| D9974  | INTERNAL BLEACHING - PER TOOTH  | Not Covered         |     |                   | MMP           |
| D9975  | External bleaching home app   | Not Covered         |     |                   | MMP           |
| D9985  | Sales tax   | Not Covered         |     |                   | MMP           |
| D9986  | Missed appointment  | Not Covered         |     |                   | MMP           |
| D9987  | Cancelled appointment   | Not Covered         |     |                   | MMP           |
| D9999  | UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT   | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| E0485  | ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT     | No                  |     |                   | MMP           |
| E0486  | ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | No                  |     |                   | MMP           |
| E0616  | IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND  | No                  |     |                   | MMP           |
| G0008  | ADMINISTRATION OF INFLUENZA VIRUS VACCINE  | No                  |     |                   | MMP           |
| G0009  | ADMINISTRATION OF PNEUMOCOCCAL VACCINE   | No                  |     |                   | MMP           |
| G0010  | ADMINISTRATION OF HEPATITIS B VACCINE  | No                  |     |                   | MMP           |
| G0027  | SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER   | Yes                 |     |                   | MMP           |
| G0102  | PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION  | No                  |     |                   | MMP           |
| G0104  | COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY  | No                  |     |                   | MMP           |
| G0105  | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK  | No                  |     |                   | MMP           |
| G0106  | COLORECTAL CANCER SCREENING; SCREENING SIGMOIDOSCOPY, BARIUM ENEMA   | No                  |     |                   | MMP           |
| G0108  | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, 30 MIN  | No                  |     |                   | MMP           |
| G0109  | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION   | No                  |     |                   | MMP           |
| G0117  | GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN  | No                  |     |                   | MMP           |
| G0118  | GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT  | No                  |     |                   | MMP           |
| G0120  | COLORECTAL CANCER SCREENING; SCREENING COLONOSCOPY, BARIUM ENEMA   | No                  |     |                   | MMP           |
| G0121  | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING   | No                  |     |                   | MMP           |
| G0122  | COLORECTAL CANCER SCREENING; BARIUM ENEMA  | No                  |     |                   | MMP           |
| G0127  | TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER   | No                  | *   |                   | MMP           |
| G0129  | OCCUPATIONAL THERAPY REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST, FURNISHED AS A COMPONENT OF A PARTIAL HOSPITALIZATION             | No                  |     |                   | MMP           |
| G0130  | SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (E.G.,RADIUS,                  | No                  |     |                   | MMP           |
| G0141  | SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                     | Rider Requirement | Product Lines |
| G0151  | SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0152  | SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0153  | SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES  | No                  | <a href="#">*/ExGEN</a> |                   | MMP           |
| G0155  | SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MINUTES  | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0156  | SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING EACH 15 MINUTES   | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0157  | SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0158  | SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0159  | SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES   | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0160  | SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES   | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0161  | SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES  | No                  | <a href="#">ExGEN</a>   |                   | MMP           |
| G0162  | SKILLED SERVICES BY A REGISTERED NURSE (RN) IN THE DELIVERY OF MANAGEMENT & EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NON-SKILLED CARE ACHIEVE ITS PURPOSE IN THE HOME HEALTH OR HOSPICE SETTING) | No                  | <a href="#">ExGEN</a>   |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| G0163  | SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE DELIVERY OF OBSERVATION & ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (WHEN THE LIKELIHOOD OF CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING) | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| G0164  | SKILLED SERVICES OF A LICENSED NURSE, IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| G0166  | EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION  | No                  |                       |                   | MMP           |
| G0168  | WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY   | No                  |                       |                   | MMP           |
| G0175  | SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE)  | Not Covered         |                       |                   | MMP           |
| G0176  | ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE CARE AND TREATMENT OF PATIENT'S D  | Yes                 | *                     |                   | MMP           |
| G0177  | TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH PROBLEMS PER SESSION (45   | Yes                 |                       |                   | MMP           |
| G0180  | PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY  | No                  |                       |                   | MMP           |
| G0186  | DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL NEOVASCULARIZATION); PHOTOCOAGULATION, FEEDER VESSEL TECHNIQUE   | No                  |                       |                   | MMP           |
| G0219  | PET IMAGING WHOLE BODY; MELANOMA FOR NONCOVERED INDICATIONS   | Not Covered         |                       |                   | MMP           |
| G0235  | PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED  | Yes                 |                       |                   | MMP           |
| G0237  | THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MIN (INCLUDES MONITORING)  | No                  |                       |                   | MMP           |
| G0239  | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)  | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0245  | INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF PROTECTIVE SENSATION (LOPS) WHICH MUST INCLUDE:   | No                  |     |                   | MMP           |
| G0246  | FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF PROTECTIVE SENSATION (LOPS) TO INCLUDE AT LEAST THE FOLLOWING:  | No                  |     |                   | MMP           |
| G0247  | ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF PROTECTIVE SENSATION (LOPS) TO INCLUDE, THE LOCAL CARE OF SUPERFICIAL WOUNDS (I.E., SUPERFICIAL TO MUSCLE AND FASCIA) AND AT LEAST THE FOLLOWING:  | No                  | *   |                   | MMP           |
| G0248  | Demonstration, prior to initial use, of home INR monitoring for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing and report results | No                  |     |                   | MMP           |
| G0249  | Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing material, billing units of service include 4 tests  | No                  |     |                   | MMP           |
| G0250  | Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests   | No                  |     |                   | MMP           |
| G0252  | PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER AND / OR SURGICAL PLANNING FOR BREAST  | Not Covered         |     |                   | MMP           |
| G0255  | Current Perception Threshold/Sensory Nerve Conduction Test, Per Limb,   | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0257  | UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL   | No                  |     |                   | MMP           |
| G0259  | INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY   | Yes                 |     |                   | MMP           |
| G0260  | INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY   | Yes                 |     |                   | MMP           |
| G0268  | REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE  | No                  |     |                   | MMP           |
| G0269  | PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,   | No                  |     |                   | MMP           |
| G0270  | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)  | No                  |     |                   | MMP           |
| G0271  | MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)  | No                  |     |                   | MMP           |
| G0276  | Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial   | No                  |     |                   | MMP           |
| G0277  | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval   | No                  |     |                   | MMP           |
| G0278  | ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC  | No                  |     |                   | MMP           |
| G0279  | Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)  | No                  |     |                   | MMP           |
| G0281  | ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III OR STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STASIS ULCERS NOT DEMONSTRING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE, AS PART OF A THERAPY PLAN OF CARE | No                  |     |                   | MMP           |
| G0282  | ELECTRICAL STIMULATION, (UNATTENDED), TO MORE OR MORE AREAS, FOR WOUND CARE   | Yes                 |     |                   | MMP           |
| G0283  | ELECTRICAL STIMULATION (UNATTENDED), TO ONE MORE AREAS FOR INDICATION(S)  | No                  | *   |                   | MMP           |
| G0288  | Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery  | No                  |     |                   | MMP           |
| G0289  | ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,   | No                  |     |                   | MMP           |
| G0293  | NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR   | Not Covered         |     |                   | MMP           |
| G0294  | NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN   | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| G0295  | ELECTROMAGNETIC STIMULATION, TO ONE OR MORE AREAS FOR WOUND CARE OTH THAN DESCRIBED IN G0329 OR FOR OTHER USES   | Not Covered         |                       |                   | MMP           |
| G0296  | Counseling visit to discuss need for lung cancer screening (ldct) using low dose ct scan (service is for eligibility determination and shared decision making) | No                  |                       |                   | MMP           |
| G0297  | Low dose ct scan (ldct) for lung cancer screening  | No                  |                       |                   | MMP           |
| G0299  | Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| G0300  | Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes                                      | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| G0302  | PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS,   | No                  |                       |                   | MMP           |
| G0303  | PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS,   | No                  |                       |                   | MMP           |
| G0304  | PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO  | No                  |                       |                   | MMP           |
| G0305  | POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS OF   | No                  |                       |                   | MMP           |
| G0329  | ELECTROMAGNTIC TX FOR ULCER TO 1 OR MORE AREAS FOR CHRONIC STAGE III & STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIAB ULCERS & VENOUS STASIS ULCERS NOT DEMO  | No                  |                       |                   | MMP           |
| G0337  | HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION   | No                  |                       |                   | MMP           |
| G0339  | IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEROTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION, OR 1ST SESSION                               | No                  |                       |                   | MMP           |
| G0340  | IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEROTACTIC RADIOSURGERY, DELIVERY INCLUDE COLLIMATOR CHANGES/CUSTOM PLUGGING/FX                                 | No                  |                       |                   | MMP           |
| G0341  | PERCUTANEOUS ISLET CELL TRANS  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| G0342  | LAPAROSCOPY ISLET CELL TRANS   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| G0343  | LAPAROTOMY ISLET CELL TRANSP   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| G0365  | VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR  | No                  |                       |                   | MMP           |
| G0366  | ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A COMPONENT   | No                  |                       |                   | MMP           |
| G0372  | PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A  | No                  |                       |                   | MMP           |
| G0378  | HOSPITAL OBSERVATION SERVICE, PER HOUR   | No                  |                       |                   | MMP           |
| G0379  | DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE  | No                  |                       |                   | MMP           |



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|-------|--|---------------------|-----|-------------------|---------------|
| G0380 | <p>LEVEL 1 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)</p> | No                  |     |                   | MMP           |
| G0381 | <p>LEVEL 2 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)</p> | No                  |     |                   | MMP           |

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| Code  | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--|---------------------|-----|-------------------|---------------|
| G0382 | <p>LEVEL 3 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)</p> | No                  |     |                   | MMP           |
| G0383 | <p>LEVEL 4 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)</p> | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0384  | LEVEL 5 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT) | No                  |     |                   | MMP           |
| G0390  | TRAUMA RESPONSE TEAM ASSOCIATED WITH HOSPITAL CRITICAL CARE   | No                  |     |                   | MMP           |
| G0396  | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION 15 TO 30 MINUTES  | No                  |     |                   | MMP           |
| G0397  | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND INTERVENTION, GREATER THAN 30 MINUTES  | No                  |     |                   | MMP           |
| G0398  | HOME SLEEP STUDY TEST (HST) W/TYPE II PORTABLE MONITOR, UNATTENDED; MIN 7 CHANNELS: EEG,EOG,EMG, ECG/HEART RATE, AIRFLOW, RESP EFF  | No                  |     |                   | MMP           |
| G0399  | HOME SLEEP TEST (HST) W/TYPE III PORTABLE MONITOR, UNATTENDED; MIN 4 CHANNELS: 2 RESP MOVEMENT/AIRFLOW, 1 ECG/HEART RATE, 1 O2 SAT  | No                  |     |                   | MMP           |
| G0400  | HOME SLEEP TEST (HST) W/TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CHANNELS   | No                  |     |                   | MMP           |
| G0406  | FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH   | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0407  | FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH  | No                  |     |                   | MMP           |
| G0408  | FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES OR MORE COMMUNICATING WITH THE PATIENT VIA TELEHEALTH   | No                  |     |                   | MMP           |
| G0412  | OPEN TREATMENT OF ILIAC SPINE(S), TUBerosITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL OR BILATERAL FOR PELVIC BONE FRACTURE PATTERNS WHICH DO NOT DISRUPT THE PELVIC RING INCLUDES INTERNAL FIXATION, WHEN PERFORMED                         | No                  |     |                   | MMP           |
| G0413  | PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)                                 | No                  |     |                   | MMP           |
| G0414  | OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION WHEN PERFORMED (INCLUDES PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI) | No                  |     |                   | MMP           |
| G0415  | OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE PELVIC RING, UNILATERAL OR BILATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ILIUM, SACROILIAC JOINT AND/OR SACRUM)      | No                  |     |                   | MMP           |
| G0416  | SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 1-20 SPECIMENS  | No                  |     |                   | MMP           |
| G0420  | FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; INDIVIDUAL, PER SESSION, PER ONE HOUR  | No                  |     |                   | MMP           |
| G0421  | FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; GROUP, PER SESSION, PER ONE HOUR   | No                  |     |                   | MMP           |
| G0422  | INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0423  | INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION  | Yes                 |     |                   | MMP           |
| G0424  | PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PER SESSION, UP TO TWO SESSIONS PER DAY   | Yes                 |     |                   | MMP           |
| G0425  | INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 30 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH   | No                  |     |                   | MMP           |
| G0426  | INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 50 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH   | No                  |     |                   | MMP           |
| G0427  | INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 70 MINUTES OR MORE COMMUNICATING WITH THE PATIENT VIA TELEHEALTH   | No                  |     |                   | MMP           |
| G0428  | Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)   | Not Covered         |     |                   | MMP           |
| G0429  | Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highy active antiretroviral therapy)  | No                  |     |                   | MMP           |
| G0434  | DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER   | No                  |     |                   | MMP           |
| G0438  | ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT  | No                  |     |                   | MMP           |
| G0439  | ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT   | No                  |     |                   | MMP           |
| G0443  | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes   | No                  |     |                   | MMP           |
| G0444  | Annual depression screening, 15 minutes   | No                  |     |                   | MMP           |
| G0445  | High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes | No                  |     |                   | MMP           |
| G0446  | Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, bi-annual, 15 minutes   | No                  |     |                   | MMP           |
| G0447  | Face-to-face behavioral counseling for obesity, 15 minutes  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G0448  | INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER WITH INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING   | No                  |                      |                   | MMP           |
| G0449  | Annual face-to-face obesity screening, 15 minutes  | No                  |                      |                   | MMP           |
| G0450  | Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis and hepatitis B  | No                  |                      |                   | MMP           |
| G0453  | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)   | No                  |                      |                   | MMP           |
| G0455  | Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen  | No                  |                      |                   | MMP           |
| G0458  | Low dose rate (ldr) prostate brachytherapy services, composite rate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G0459  | TELEHEALTH INP PHARM MGMT  | No                  |                      |                   | MMP           |
| G0463  | Hospital outpatient clinic visit for assessment and management of a patient  | No                  |                      |                   | MMP           |
| G0466  | A medically-necessary, face to face encounter( one- on- one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit.                     | No                  |                      |                   | MMP           |
| G0467  | A medically-necessary, face to face encounter( one- on- one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit.            | No                  |                      |                   | MMP           |
| G0468  | A FQHC visit that includes an Initial Preventive Physical Examination (IPPE) or Annual Wellness Visit (AWV) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWV  | No                  |                      |                   | MMP           |
| G0469  | A medically-necessary, face-to-face mental health encounter(one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare covered services that would be furnished per diem to a patient receiving a mental health visit. | No                  |                      |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0470  | A medically-necessary, face-to-face mental health encounter(one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare covered services that would be furnished per diem to a patient receiving a mental health visit. | No                  |     |                   | MMP           |
| G0471  | Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)   | No                  |     |                   | MMP           |
| G0473  | Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes  | No                  |     |                   | MMP           |
| G0477  | Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service   | No                  |     |                   | MMP           |
| G0478  | Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.  | No                  |     |                   | MMP           |
| G0479  | Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.  | No                  |     |                   | MMP           |
| G0490  | Face-to-face home health nursing visit by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) in an area with a shortage of home health agencies. (Services limited to RN or LPN only).   | No                  |     |                   | MMP           |
| G0491  | Dialysis procedure at a medicare certified esrd facility for acute kidney injury without esrd   | No                  |     |                   | MMP           |
| G0492  | Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without esrd   | No                  |     |                   | MMP           |
| G0493  | Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)    | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G0494  | Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)  | No                  |     |                   | MMP           |
| G0495  | Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes  | No                  |     |                   | MMP           |
| G0496  | Skilled services of a licensed practical nurse (lpn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes   | No                  |     |                   | MMP           |
| G0499  | Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)   | No                  |     |                   | MMP           |
| G0500  | Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) | No                  |     |                   | MMP           |
| G0501  | Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service)   | No                  |     |                   | MMP           |
| G0506  | Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)   | No                  |     |                   | MMP           |
| G0508  | Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth   | No                  |     |                   | MMP           |
| G0509  | Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth  | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |                      |                   |               |
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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G0511  | Rural health clinic or federally qualified health center (rhc or fqhc) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an rhc or fqhc practitioner (physician, np, pa, or cnm), per calendar month   | No                  |                      |                   | MMP           |
| G0512  | Rural health clinic or federally qualified health center (rhc/fqhc) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an rhc or fqhc practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month | No                  |                      |                   | MMP           |
| G0513  | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)   | No                  |                      |                   | MMP           |
| G0514  | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code g0513 for additional 30 minutes of preventive service)  | No                  |                      |                   | MMP           |
| G0515  | Cognitive skills development   | Not Covered         |                      |                   | MMP           |
| G0516  | Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)  | No                  |                      |                   | MMP           |
| G0517  | Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)   | No                  |                      |                   | MMP           |
| G0518  | Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)  | No                  |                      |                   | MMP           |
| G0913  | IMPROVEMENT IN VISUAL FUNCTION ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G0914  | PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G0915  | IMPROVEMENT IN VISUAL FUNCTION NOT ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G0916  | SATISFACTION WITH CARE ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G0917  | PATIENT SATISFACTION SURVEY WAS NOT COMPLETED BY PATIENT   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G0918  | SATISFACTION WITH CARE NOT ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G6001  | Ultrasonic guidance for placement of radiation therapy fields  | No                  |                      |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G6002  | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy   | No                  |     |                   | MMP           |
| G6003  | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev  | No                  |     |                   | MMP           |
| G6004  | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev   | No                  |     |                   | MMP           |
| G6005  | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev  | No                  |     |                   | MMP           |
| G6006  | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater  | No                  |     |                   | MMP           |
| G6007  | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev  | No                  |     |                   | MMP           |
| G6008  | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev   | No                  |     |                   | MMP           |
| G6009  | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev  | No                  |     |                   | MMP           |
| G6010  | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater   | No                  |     |                   | MMP           |
| G6011  | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev                                   | No                  |     |                   | MMP           |
| G6012  | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev                                      | No                  |     |                   | MMP           |
| G6013  | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev                                     | No                  |     |                   | MMP           |
| G6014  | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater                             | No                  |     |                   | MMP           |
| G6015  | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session                                 | No                  |     |                   | MMP           |
| G6016  | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G6017  | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment | No                  |                      |                   | MMP           |
| G6020  | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)   | No                  |                      |                   | MMP           |
| G8395  | LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR MILDLY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8396  | LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8397  | DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR EDEMA AND LEVEL OF SEVERITY OF RETINOPATHY   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8398  | DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8399  | PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED OR ORDERED OR PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED)                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8400  | PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS NOT DOCUMENTED OR NOT ORDERED OR PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS NOT PRESCRIBED      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8404  | LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8405  | LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8410  | FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8415  | FOOTWEAR EVALUATION WAS NOT PERFORMED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8416  | CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR EVALUATION MEASURE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8417  | BMI >= 30 WAS CALCULATED AND A FOLLOW-UP PLAN WAS DOCUMENTED IN THE MEDICAL RECORD   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8418  | BMI < 22 WAS CALCULATED AND A FOLLOW-UP PLAN WAS DOCUMENTED IN THE MEDICAL RECORD  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8419  | BMI >= 30 OR < 22 WAS CALCULATED, BUT NO FOLLOW-UP PLAN WAS DOCUMENTED IN THE MEDICAL RECORD   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8420  | BMI < 30 AND >= 22 WAS CALCULATED AND DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8421  | BMI NOT CALCULATED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8422  | PATIENT NOT ELIGIBLE FOR BMI CALCULATION   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8427  | LIST OF CURRENT MEDICATIONS (INCLUDES PRESCRIPTION, OVER-THE-COUNTER, HERBALS, VITAMIN/MINERAL/DIETARY [NUTRITIONAL] SUPPLEMENTS) DOCUMENTED BY THE PROVIDER, INCLUDING DRUG NAME, DOSAGE, FREQUENCY AND ROUTE               | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8428  | CURRENT MEDICATIONS (INCLUDES PRESCRIPTION, OVER-THE-COUNTER, HERBALS, VITAMIN/MINERAL/DIETARY [NUTRITIONAL] SUPPLEMENTS) WITH DRUG NAME, DOSAGE, FREQUENCY AND ROUTE NOT DOCUMENTED BY THE PROVIDER, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8430  | DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR MEDICATION ASSESSMENT   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8431  | DOCUMENTATION OF CLINICAL DEPRESSION SCREENING USING A STANDARDIZED TOOL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8432  | NO DOCUMENTATION OF CLINICAL DEPRESSION SCREENING USING A STANDARDIZED TOOL  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8433  | PATIENT NOT ELIGIBLE/NOT APPROPRIATE FOR CLINICAL DEPRESSION SCREENING   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8442  | DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR PAIN ASSESSMENT   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8450  | BETA-BLOCKER THERAPY PRESCRIBED FOR PATIENTS WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION AS MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION                                     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8451  | CLINICIAN DOCUMENTED PATIENT WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION AS MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION WAS NOT ELIGIBLE CANDIDATE FOR BETA-BLOCKER THERAPY | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8452  | BETA-BLOCKER THERAPY NOT PRESCRIBED FOR PATIENTS WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40% OR DOCUMENTATION AS MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR SYSTOLIC FUNCTION                                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8465  | HIGH RISK OF RECURRENCE OF PROSTATE CANCER   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8473  | ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY PRESCRIBED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8474  | ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY NOT PRESCRIBED FOR REASONS DOCUMENTED BY THE CLINICIAN   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8475  | ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY NOT PRESCRIBED, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8476  | MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF <130 MM/HG AND A DIASTOLIC MEASUREMENT OF <80 MM/HG   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8477  | MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF >=130 MM/HG AND/OR A DIASTOLIC MEASUREMENT OF >=80 MM/HG  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8478  | BLOOD PRESSURE MEASUREMENT NOT PERFORMED OR DOCUMENTED, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8482  | INFLUENZA IMMUNIZATION WAS ORDERED OR ADMINISTERED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8483  | INFLUENZA IMMUNIZATION WAS NOT ORDERED OR ADMINISTERED FOR REASONS DOCUMENTED BY CLINICIAN   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8484  | INFLUENZA IMMUNIZATION WAS NOT ORDERED OR ADMINISTERED, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8506  | PATIENT RECEIVING ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8509  | DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION) PRIOR TO INITIATION OF THERAPY OR DOCUMENTATION OF THE ABSENCE OF PAIN AS A RESULT OF ASSESSMENT THROUGH DISCUSSION WITH THE PATIENT INCLUDING THE USE OF A STANDARDIZED TOOL; NO DOCUMENTATION OF A FOLLOW-UP PLAN, REASON NOT SPECIFIED | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8510  | NEGATIVE SCREEN FOR CLINICAL DEPRESSION USING A STANDARDIZED TOOL, PATIENT NOT ELIGIBLE/APPROPRIATE FOR FOLLOW-UP PLAN DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8511  | SCREEN FOR CLINICAL DEPRESSION USING A STANDARDIZED TOOL DOCUMENTED, FOLLOW UP PLAN NOT DOCUMENTED, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8535  | NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN, PATIENT NOT ELIGIBLE   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8536  | NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8539  | DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL AND CARE PLAN BASED ON IDENTIFIED DEFICIENCIES  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8540  | DOCUMENTATION THAT THE PATIENT IS NOT ELIGIBLE FOR A FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8541  | NO DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL, REASON NOT SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8542  | DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL; NO DOCUMENTATION OF A CARE PLAN, PATIENT NOT ELIGIBLE                | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8543  | DOCUMENTATION OF A CURRENT FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL; NO DOCUMENTATION OF A CARE PLAN, REASON NOT SPECIFIED                | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8559  | PATIENT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION                                | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8560  | PATIENT HAS A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVIOUS 90 DAYS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8561  | PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR PATIENTS WITH A HISTORY OF ACTIVE DRAINAGE MEASURE                                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8562  | PATIENT DOES NOT HAVE A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVIOUS 90 DAYS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8563  | PATIENT NOT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION, REASON NOT SPECIFIED      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8564  | PATIENT WAS REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION, REASON NOT SPECIFIED)     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8565  | VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8566  | PATIENT IS NOT ELIGIBLE FOR THE "REFERRAL FOR OTOLOGIC EVALUATION FOR SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS" MEASURE                                | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8567  | PATIENT DOES NOT HAVE VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8568  | PATIENT WAS NOT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR AN OTOLOGIC EVALUATION, REASON NOT SPECIFIED) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8569  | PROLONGED INTUBATION (>24 HRS) REQUIRED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8570  | PROLONGED INTUBATION (>24 HRS) NOT REQUIRED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8571  | DEVELOPMENT OF DEEP STERNAL WOUND INFECTION WITHIN 30 DAYS POSTOPERATIVELY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8572  | NO DEEP STERNAL WOUND INFECTION   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8573  | STROKE/CBA FOLLOWING ISOLATED CABG SURGERY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8574  | NO STROKE/CVA FOLLOWING ISOLATED CABG SURGERY   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8575  | DEVELOPED POSTOPERATIVE RENAL INSUFFICIENCY OR REQUIRED DIALYSIS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8576  | NO POSTOPERATIVE RENAL INSUFFICIENCY/DIALYSIS NOT REQUIRED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8577  | REOPERATION REQUIRED DUE TO BLEEDING/TAMPONADE, GRAFT OCCLUSION OR OTHER CARDIAC REASON   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8578  | REOPERATION NOT REQUIRED DUE TO BLEEDING/TAMPONADE, GRAFT OCCLUSION OR OTHER CARDIAC REASON   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8598  | ASPIRIN OR ANOTHER ANTITHROMBOTIC THERAPY USED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8599  | ASPIRIN OR ANOTHER ANTITHROMBOTIC THERAPY NOT USED, REASON NOT OTHERWISE SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8600  | IV T-PA INITIATED WITHIN THREE HOURS (<= 180 MINUTES) OF TIME LAST KNOWN WELL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8601  | IV T-PA NOT INITIATED WITHIN THREE HOURS (<= 180 MINUTES) OF TIME LAST KNOWN WELL FOR REASONS DOCUMENTED BY CLINICIAN   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8602  | IV T-PA NOT INITIATED WITHIN THREE HOURS (<= 180 MINUTES) OF TIME LAST KNOWN WELL, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8627  | SURGICAL PROCEDURE PERFORMED WITHIN 30 DAYS FOLLOWING CATARACT SURGERY FOR MAJOR COMPLICATIONS (E.G. RETAINED NUCLEAR FRAGMENTS, ENDOPHTHALMITIS, DISLOCATED OR WRONG POWER IOL, RETINAL DETACHMENT, OR WOUND DEHISCENCE)     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8628  | SURGICAL PROCEDURE NOT PERFORMED WITHIN 30 DAYS FOLLOWING CATARACT SURGERY FOR MAJOR COMPLICATIONS (E.G. RETAINED NUCLEAR FRAGMENTS, ENDOPHTHALMITIS, DISLOCATED OR WRONG POWER IOL, RETINAL DETACHMENT, OR WOUND DEHISCENCE) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8633  | PHARMACOLOGIC THERAPY (OTHER THAN MINIERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8635  | PHARMACOLOGIC THERAPY FOR OSTEOPOROSIS WAS NOT PRESCRIBED, REASON NOT OTHERWISE SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8647  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE KNEE SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8648  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE KNEE SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8649  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE KNEE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8650  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE KNEE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8651  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE HIP SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8652  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE HIP SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8653  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE HIP NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8654  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE HIP NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8655  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LOWER LEG, FOOT OR ANKLE SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO(>0)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8656  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LOWER LEG, FOOT OR ANKLE SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8657  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LOWER LEG, FOOT OR ANKLE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8658  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LOWER LEG, FOOT OR ANKLE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8659  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LUMBAR SPINE SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8660  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LUMBAR SPINE SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8661  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LUMBAR SPINE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8662  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LUMBAR SPINE NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED                             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8663  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE SHOULDER SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8664  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE SHOULDER SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8665  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE SHOULDER NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8666  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE SHOULDER NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED                             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8667  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE ELBOW, WRIST OR HAND SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8668  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE ELBOW, WRIST OR HAND SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8669  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE ELBOW, WRIST OR HAND NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8670  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE ELBOW, WRIST OR HAND NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8671  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR GREATER THAN ZERO (>0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8672  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (<0)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8673  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, PATIENT NOT ELIGIBLE/NOT APPROPRIATE | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8674  | RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE NECK, CRANIUM, MANDIBLE, THORACIC SPINE, RIBS, OR OTHER GENERAL ORTHOPEDIC IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE FOTO'S FUNCTIONAL INTAKE ON ADMISSION AND/OR FOLLOW UP STATUS SURVEY NEAR DISCHARGE, REASON NOT SPECIFIED                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8694  | LEFT VENTRIUCULAR EJECTION FRACTION (LVEF) < 40%   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8708  | PATIENT NOT PRESCRIBED OR DISPENSED ANTIBIOTIC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8709  | PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC FOR DOCUMENTED MEDICAL REASON(S)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8710  | PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8711  | PRESCRIBED OR DISPENSED ANTIBIOTIC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8712  | ANTIBIOTIC NOT PRESCRIBED OR DISPENSED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8721  | PT CATEGORY (PRIMARY TUMOR), PN CATEGORY (REGIONAL LYMPH NODES), AND HISTOLOGIC GRADE WERE DOCUMENTED IN PATHOLOGY REPORT  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8722  | MEDICAL REASON(S) DOCUMENTED FOR NOT INCLUDING PT CATEGORY, PN CATEGORY AND HISTOLOGIC GRADE IN THE PATHOLOGY REPORT   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8723  | SPECIMEN SITE IS OTHER THAN ANATOMIC LOCATION OF PRIMARY TUMOR   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8724  | PT CATEGORY, PN CATEGORY AND HISTOLOGIC GRADE WERE NOT DOCUMENTED IN THE PATHOLOGY REPORT, REASON NOT OTHERWISE SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8730  | PAIN ASSESSMENT DOCUMENTED AS POSITIVE UTILIZING A STANDARDIZED TOOL AND A FOLLOW-UP PLAN IS DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8731  | PAIN ASSESSMENT DOCUMENTED AS NEGATIVE, NO FOLLOW-UP PLAN IS REQUIRED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8732  | NO DOCUMENTATION OF PAIN ASSESSMENT  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8733  | DOCUMENTATION OF A POSITIVE ELDER MALTREATMENT SCREEN AND DOCUMENTED FOLLOW-UP PLAN  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8734  | ELDER MALTREATMENT SCREEN DOCUMENTED AS NEGATIVE, NO FOLLOW-UP REQUIRED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8735  | ELDER MALTREATMENT SCREEN DOCUMENTED AS POSITIVE, FOLLOW-UP PLAN NOT DOCUMENTED, REASON NOT SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8749  | ABSENCE OF SIGNS OF MELANOMA (COUGH, DYSPNEA, TENDERNESS, LOCALIZED NEUROLOGIC SIGNS SUCH AS WEAKNESS, JAUNDICE OR ANY OTHER SIGN SUGGESTING SYSTEMIC SPREAD) OR ABSENCE OF SYMPTOMS OF MELANOMA (PAIN, PARESTHESIA, OR ANY OTHER SYMPTOM SUGGESTING THE POSSIBILITY OF SYSTEMIC SPREAD OF MELANOMA) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8752  | MOST RECENT SYSTOLIC BLOOD PRESSURE < 140MMHG  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8753  | MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140MMHG   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8754  | MOST RECENT DIASTOLIC BLOOD PRESSURE < 90MMHG  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8755  | MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90MMHG   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8756  | NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT, REASON NOT OTHERWISE SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8783  | BLOOD PRESSURE SCREENING PERFORMED AS RECOMMENDED BY THE DEFINED SCREENING INTERVAL  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8785  | BLOOD PRESSURE SCREENING NOT PERFORMED AS RECOMMENDED BY SCREENING INTERVAL, REASON NOT OTHERWISE SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8797  | SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF ESOPHAGUS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8798  | SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF PROSTATE   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8806  | PERFORMANCE OF TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8807  | TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND NOT PERFORMED FOR REASONS DOCUMENTED BY CLINICIAN  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8808  | PERFORMANCE OF TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND NOT ORDERED, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8809  | RH-IMMUNOGLOBULIN (RHOGAM) ORDERED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8810  | R-IMMUNOGLOBULIN (RHOGAM) NOT ORDERED FOR REASONS DOCUMENTED BY CLINICIAN  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8811  | DOCUMENTATION RH-IMMUNOGLOBULIN (RHOGAM) WAS NOT ORDERED, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8815  | STATIN THERAPY NOT PRESCRIBED FOR DOCUMENTED REASONS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8816  | STATIN MEDICATION PRESCRIBED AT DISCHARGE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8817  | STATIN THERAPY NOT PRESCRIBED AT DISCHARGE, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8818  | PATIENT DISCHARGE TO HOME NO LATER THAN POST-OPERATIVE DAY #7  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8825  | PATIENT NOT DISCHARGED TO HOME BY POST-OPERATIVE DAY #7  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8826  | PATIENT DISCHARGE TO HOME NO LATER THAN POST-OPERATIVE DAY #2 FOLLOWING EVAR   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8833  | PATIENT NOT DISCHARGE TO HOME BY POST-OPERATIVE DAY #2 FOLLOWING EVAR  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8834  | PATIENT DISCHARGED TO HOME NO LATER THAN POST-OPERATIVE DAY #2 FOLLOWING CEA   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8838  | PATIENT NOT DISCHARGED TO HOME BY POST-OPERATIVE DAY #2  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8839  | SLEEP APNEA SYMPTOMS ASSESSED, INCLUDING PRESENCE OR ABSENCE OF SNORING AND DAYTIME SLEEPINESS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8840  | DOCUMENTATION OF REASON(S) FOR NOT PERFORMING AN ASSESSMENT OF SLEEP SYMPTOMS (E.G., PATIENT DIDN'T HAVE INITIAL DAYTIME SLEEPINESS, PATIENT VISITS BETWEEN INITIAL TESTING AND INITIATION OF THERAPY) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8841  | SLEEP APNEA SYMPTOMS NOT ASSESSED, REASON NOT OTHERWISE SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8842  | APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) MEASURED AT THE TIME OF INITIAL DIAGNOSIS  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8843  | DOCUMENTATION OF REASON(S) FOR NOT MEASURING AN APNEA HYPOPNEA INDEX (AHI) OR A RESPIRATORY DISTURBANCE INDEX (RDI) AT THE TIME OF INITIAL DIAGNOSIS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8844  | APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) NOT MEASURED AT THE TIME OF INITIAL DIAGNOSIS, REASON NOT SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8845  | POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8846  | MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA (APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) OF 15 OR GREATER)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8849  | DOCUMENTATION OF REASON(S) FOR NOT PRESCRIBING POSITIVE AIRWAY PRESSURE THERAPY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8850  | POSITIVE AIRWAY PRESSURE THERAPY NOT PRESCRIBED, REASON NOT OTHERWISE SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8851  | OBJECTIVE MEASUREMENT OF ADHERENCE TO POSITIVE AIRWAY PRESSURE THERAPY, DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8852  | POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8854  | DOCUMENTATION OF REASON(S) FOR NOT OBJECTIVELY MEASURING ADHERENCE TO POSITIVE AIRWAY PRESSURE THERAPY   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8855  | OBJECTIVE MEASUREMENT OF ADHERENCE TO POSITIVE AIRWAY PRESSURE THERAPY NOT PERFORMED, REASON NOT OTHERWISE SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8856  | REFERRAL TO A PHYSICIAN FOR AN OTOLOGIC EVALUATION PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8857  | PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION MEASURE (E.G., PATIENTS WHO ARE ALREADY UNDER THE CARE OF A PHYSICIAN FOR ACUTE OR CHRONIC DIZZINESS)                             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8858  | REFERRAL TO A PHYSICIAN FOR AN OTOLOGIC EVALUATION NOT PERFORMED, REASON NOT SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8861  | CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED OR DOCUMENTED, REVIEW OF SYSTEMS AND MEDICATION HISTORY OR PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8863  | PATIENTS NOT ASSESSED FOR RISK OF BONE LOSS, REASON NOT OTHERWISE SPECIFIED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8864  | PNEUMOCOCCAL VACCINE ADMINISTERED OR PREVIOUSLY RECEIVED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8865  | DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING PNEUMOCOCCAL VACCINE (E.G., PATIENT ALLERGIC REACTION, POTENTIAL ADVERSE DRUG REACTION)                           | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8866  | DOCUMENTATION OF PATIENT REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING PNEUMOCOCCAL VACCINE (E.G., PATIENT REFUSAL)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8867  | PNEUMOCOCCAL VACCINE NOT ADMINISTERED OR PREVIOUSLY RECEIVED, REASON NOT OTHERWISE SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8869  | PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS B AND IS RECEIVING A FIRST COURSE OF ANTI-TNF THERAPY   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8872  | EXCISED TISSUE EVALUATED BY IMAGING INTRAOPERATIVELY TO CONFIRM SUCCESSFUL INCLUSION OF TARGETED LESION  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8873  | PATIENTS WITH NEEDLE LOCALIZATION SPECIMENS WHICH ARE NOT AMENABLE TO INTRAOPERATIVE IMAGING SUCH AS MRI NEEDLE WIRE LOCALIZATION, OR TARGETS WHICH ARE TENTATIVELY IDENTIFIED ON MAMMOGRAM OR ULTRASOUND WHICH DO NOT CONTAIN A BIOPSY MARKER BUT WHICH CAN BE VERIFIED ON INTRAOPERATIVE INSPECTION OR PATHOLOGY | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8874  | EXCISED TISSUE NOT EVALUATED BY IMAGING INTRAOPERATIVELY TO CONFIRM SUCCESSFUL INCLUSION OF TARGETED LESION  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8875  | CLINICIAN DIAGNOSED BREAST CANCER PREOPERATIVELY BY A MINIMALLY INVASIVE BIOPSY METHOD   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8876  | DOCUMENTATION OF REASON(S) FOR NOT PERFORMING MINIMALLY INVASIVE BIOPSY TO DIAGNOSE BREAST CANCER PROPERATIVELY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8877  | CLINICIAN DID NOT ATTEMPT TO ACHIEVE THE DIAGNOSIS OF BREAST CANCER PREOPERATIVELY BY A MINIMALLY INVASIVE BIOPSY METHOD, REASON NOT OTHERWISE SPECIFIED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8878  | SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8880  | DOCUMENTATION OF REASON(S) SENTINEL LYMPH NODE BIOPSY NOT PERFORMED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8881  | STAGE OF BREAST CANCER IS GREATER THAN T1N0M0 OR T2N0M0  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8882  | SENTINEL LYMPH NODE BIOPSY PROCEDURE NOT PERFORMED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8883  | BIOPSY RESULTS REVIEWED, COMMUNICATED, TRACKED AND DOCUMENTED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8884  | CLINICIAN DOCUMENTED REASON THAT PATIENT'S BIOPSY RESULTS WERE NOT REVIEWED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8885  | BIOPSY RESULTS NOT REVIEWED, COMMUNICATED, TRACKED OR DOCUMENTED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8907  | Patient documented not to have experienced any of the following events: a burn prior to discharge, a fall within the facility, wrong site/side/patient/procedure/implant event, a hospital transfer or hospital admission upon discharge from the facility | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8908  | Patient documented to have received a burn prior to discharge  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8909  | Patient documented not to have received a burn prior to discharge  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8910  | Patient documented to have experienced a fall within ASC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8911  | Patient documented not to have experienced a fall within ASC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8912  | Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8913  | Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8914  | Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8915  | Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8916  | Patient with preoperative order for IV antibiotic surgical site infection (SSI ) prophylaxis, antibiotic initiated on time   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8917  | Patient with preoperative order for IV antibiotic surgical site infection (SSI ) prophylaxis, antibiotic not initiated on time   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8918  | Patient without preoperative order for IV antibiotic surgical site infection ( SSI ) prophylaxis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8923  | Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8924  | Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e. G. , dyspnea, cough/sputum, wheezing)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8925  | Spirometry test results demonstrate fev1/fvc >=60% or patient does not have copd symptoms  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8926  | Spirometry test not performed or documented, reason not given  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8934  | Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8935  | Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8936  | Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8937  | Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8938  | Bmi is calculated, but patient not eligible for follow-up plan  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8939  | Pain assessment documented, follow-up plan not documented, patient not eligible/appropriate   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8941  | Elder maltreatment screen documented, patient not eligible for follow-up  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8942  | Documented functional outcomes assessment and care plan within the previous 30 days   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8944  | Ajcc melanoma cancer stage 0 through iic melanoma   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8946  | Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e. G. , high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8950  | Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8952  | Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8954  | Complete and appropriate patient data were reported to a qualified clinical database registry   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8955  | Most recent assessment of adequacy of volume management   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8956  | Patient receiving maintenance hemodialysis in an outpatient dialysis facility   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8958  | Assessment of adequacy of volume management not documented, reason not given  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8959  | Clinician treating major depressive disorder communicates to clinician treating comorbid condition  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8960  | Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition, reason not given   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8961  | Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8962  | Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8963  | Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci within 2 years  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8964  | Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had pci within 2 years (e. G. , symptomatic patient, patient greater than 2 years since pci, initial evaluation, etc)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8965  | Cardiac stress imaging test primarily performed on low chd risk patient for initial detection and risk assessment   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8966  | Cardiac stress imaging test performed on symptomatic or higher than low chd risk patient or for any reason other than initial detection and risk assessment   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8967  | Warfarin or another oral anticoagulant that is fda approved prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8968  | Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e. G. , allergy, risk of bleeding, transient or reversible causes of atrial fibrillation, other medical reasons including, but not limited to pregnancy, mitral stenosis, prosthetic heart valve or patient is in the postoperative period)                            | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8969  | Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e. G. , economic, social, and/or religious impediments, noncompliance or patient refusal, other patient reasons)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8970  | No risk factors or one moderate risk factor for thromboembolism   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8973  | Most recent hemoglobin (hgb) level < 10 g/dl  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8974  | Hemoglobin level measurement not documented, reason not given   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8975  | Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dl (e. G. , patients who have non-renal etiologies of anemia [e. G. , sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia related to chemotherapy for diagnosis of malignancy, postoperative bleeding, active bloodstream or peritoneal infection], other medical reasons) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8976  | Most recent hemoglobin (hgb) level >= 10 g/dl   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8978  | Mobility: walking & moving around functional limitation, current status, at therapy episode outset and at reporting intervals   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8979  | Mobility: walking & moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8980  | Mobility: walking & moving around functional limitation, discharge status, at discharge from therapy or to end reporting  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8981  | Changing & maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8982  | Changing & maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8983  | Changing & maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8984  | Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8985  | Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8986  | Carrying, moving & handling objects functional limitation, discharge status, at discharge from therapy or to end reporting  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8987  | Self care functional limitation, current status, at therapy episode outset and at reporting intervals   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8988  | Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting                                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8989  | Self care functional limitation, discharge status, at discharge from therapy or to end reporting  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8990  | Other physical or occupational primary functional limitation, current status, at therapy episode outset and at reporting intervals  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8991  | Other physical or occupational primary functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8992  | Other physical or occupational primary functional limitation, discharge status, at discharge from therapy or to end reporting   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8993  | Other physical or occupational subsequent functional limitation, current status, at therapy episode outset and at reporting intervals   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8994  | Other physical or occupational subsequent functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8995  | Other physical or occupational subsequent functional limitation, discharge status, at discharge from therapy or to end reporting  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8996  | Swallowing functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8997  | Swallowing functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G8998  | Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G8999  | Motor speech functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9001  | COORDINATED CARE FEE, INITIAL RATE   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9002  | COORDINATED CARE FEE, MAINTENANCE RATE   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9003  | COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9004  | COORDINATED CARE FEE, RISK ADJUSTED LOW, INITIAL   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9005  | COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9006  | COORDINATED CARE FEE, HOME MONITORING  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9007  | COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9008  | COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9009  | COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 3   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9010  | COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 4   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9011  | COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 5   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9012  | OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED   | Yes                 |                      |                   | MMP           |
| G9013  | ESRD DEMO BASIC BUNDLE LEVEL I   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9014  | ESRD DEMO EXPANDED BUNDLE INCLUDING VENOUS ACCESS AND RELATED SERVICES   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9016  | SMOKING CESSATION COUNSELING, INDIVIDUAL, IN THE ABSENCE OF OR IN ADDITION TO ANY OTHER EVALUATION AND MANAGEMENT SERVICE, PER SES | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9017  | AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE AS A MEDICARE APPROVED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9018  | ZANAMIVIR, INHALATION POWDER ADMINISTERED THROUGH INHALER, PER 10 MG (FOR USE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9019  | OSELTAMIVIR PHOSPHATE, ORAL, PER 75 MG (FOR USE AS A MEDICARE APPROVED   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9020  | RIMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE AS A MEDICARE APPROVED  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9033  | AMANTADINE HYDROCHLORIDE, ORAL BRAND, PER 100 MG (FOR USE IN A MEDICARE-APPROVED DEMONSTRATION PROJECT)                            | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9034  | SERVICES PROVIDED BY OCCUPATIONAL THERAPIST (DEMONSTRATION PROJECT)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9035  | SERVICES PROVIDED BY ORIENTATION AND MOBILITY SPECIALIST (DEMONSTRATION PROJECT)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9036  | SERVICES PROVIDED BY LOW VISION THERAPIST (DEMONSTRATION PROJECT)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9050  | ONCOLOGY; PRIMARY FOCUS OF VISIT; WORK-UP, EVALUATION, OR STAGING AT       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9051  | ONCOLOGY; PRIMARY FOCUS OF VISIT; TREATMENT DECISION-MAKING AFTER DISEASE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9052  | ONCOLOGY; PRIMARY FOCUS OF VISIT; SURVEILLANCE FOR DISEASE RECURRENCE      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9053  | ONCOLOGY; PRIMARY FOCUS OF VISIT; EXPECTANT MANAGEMENT OF PATIENT          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9054  | ONCOLOGY; PRIMARY FOCUS OF VISIT; SUPERVISING, COORDINATING OR MANAGING    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9055  | ONCOLOGY; PRIMARY FOCUS OF VISIT; OTHER, UNSPECIFIED SERVICE NOT OTHER-    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9056  | ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT ADHERES TO GUIDELINES            | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9057  | ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES AS A     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9058  | ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9059  | ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9060  | ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES FOR      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9061  | ONCOLOGY; PRACTICE GUIDELINES; PATIENT'S CONDITION NOT ADDRESSED BY        | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9062  | ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9063  | ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9064  | ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9065  | ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9066  | ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; STAGE III | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9067  | ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9068  | ONCOLOGY; DISEASE STATUS; LIMITED TO SMALL CELL AND COMBINED SMALL CELL/   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9069  | ONCOLOGY; DISEASE STATUS; SMALL CELL LUNG CANCER, LIMITED TO SMALL CELL    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9070  | ONCOLOGY; DISEASE STATUS; SMALL CELL LUNG CANCER, LIMITED TO SMALL CELL    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9071  | ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9072  | ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9073  | ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9074  | ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9075  | ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9077  | ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9078  | ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9079  | ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9080  | ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA;  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9083  | ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA;  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9084  | ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER,    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9085  | ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER,    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9086  | ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER,    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9087  | ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER,    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9088  | ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER,    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9089  | ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER,    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9090  | ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER,   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9091  | ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER,   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9092  | ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER,   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9093  | ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER,   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9094  | ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER,   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9095  | ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER,   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9096  | ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9097  | ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9098  | ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9099  | ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9100  | ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9101  | ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9102  | ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9103  | ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9104  | ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9105  | ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9106  | ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9107  | ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9108  | ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9109  | ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9110  | ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9111  | ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9112  | ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF     | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9113  | ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9114  | ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9115  | ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9116  | ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9117  | ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9123  | ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9124  | ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9125  | ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9126  | ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO PATHOLOGICALLY STAGE | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9128  | ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9129  | ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9130  | ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE;   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9131  | ONCOLOGY; DISEASE STATUS: INVASIVE FEMALE BREAST CANCER; ADENOCARCINOMA AS PREDOM CELL TYPE; EXTENT UNKNOWN, STAGING IN PROGRESS   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9132  | ONCOLOGY; DISEASE STATUS: PROSTATE CANCER, LMTD TO ADENOCARCINOMA; HORMONE-REFRACTORY/ANDROGEN-INDEPENDENT; CLINICAL METASTASES    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9133  | ONCOLOGY; DISEASE STATUS: PROSTATE CANCER, LMTD TO ADENOCARCINOMA; HORMONE-RESPONSIVE; CLINICAL METASTASES OR M1 AT DIAGNOSIS (FOR | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9134  | ONCOLOGY; DISEASE STATUS: NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE I, II AT DIAGN, NOT RELAPSED, NOT REFRACTORY  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9135  | ONCOLOGY; DISEASE STATUS: NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; STAGE III, IV, NOT RELAPSED, NOT REFRACTORY (FOR US | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9136  | ONCOLOGY; DISEASE STATUS: NON-HODGKIN'S LYMPHOMA, TRANSFORMED FROM ORIGINAL CELLULAR DIAGNOSIS TO A SECOND CELLULAR CLASSIFICATION | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9137  | ONCOLOGY; DISEASE STATUS: NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; RELAPSED/REFRACTORY (FOR USE IN A MEDICARE-APPROVED | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9138  | ONCOLOGY; DISEASE STATUS: NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; DIAGN EVALUATION, STAGE NOT KNOWN, EVAL OF RELAPSE  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9139  | ONCOLOGY; DISEASE STATUS: CHRONIC MYELOGENOUS LEUKEMIA, LMTD TO PHILADELPHIA CHROMOSOME POSITIVE &/OR BCR-ABL POSITIVE; EXTENT UNK | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9140  | FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMONSTRATION PROJECT; THE FOLLOWING MEASURES SHOULD BE PRESENT: THE STAY MUST BE EQUAL TO OR GREATER THAN 4 HOURS; WEATHER OR OTHER CONDITIONS MUST PREVENT TRANSFER OR THE CASE FALLS INTO A CATEGORY OF MONITORING AND OBSERVATION CASES THAT ARE PERMITTED BY THE RULES OF THE DEMONSTRATION; THERE IS A MAXIMUM FRONTIER EXTENDED STAY CLINIC (FESC) VISIT OF 48 HOURS, EXCEPT IN THE CASE WHEN WEATHER OR OTHER CONDITIONS PREVENT TRANSFER; PAYMENT IS MADE ON EACH PERIOD UP TO 4 HOURS, AFTER THE FIRST 4 HOURS | Not Covered         |                      |                   | MMP           |
| G9143  | Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)  | Not Covered         |                      |                   | MMP           |
| G9147  | Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration  | Not Covered         |                      |                   | MMP           |
| G9148  | Medical Home Level I  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9149  | Medical Home Level II   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9150  | Medical Home Level III  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9151  | MAPCP demo State  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9152  | MAPCP demo community  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9153  | MAPCP demo physician  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9156  | EVALUATION FOR WHEELCHAIR REQUIRING FACE TO FACE VISIT WITH PHYSICIAN   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9157  | TRANSESOPHAGEAL DOPPLER USED WITH CARDIAC MONITORING  | No                  |                      |                   | MMP           |
| G9158  | Motor speech functional limitation, discharge status at discharge from therapy/end of reporting on limitation   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9159  | Spoken language comprehension functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9160  | Spoken language comprehension functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9161  | Spoken language comprehension functional limitation, discharge status at discharge from therapy/end of reporting on limitation  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9162  | Spoken language expression functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9163  | Spoken language expression functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy         | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9164  | Spoken language expression functional limitation, discharge status at discharge from therapy/end of reporting on limitation                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9165  | Attention functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9166  | Attention functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy                          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9167  | Attention functional limitation, discharge status at discharge from therapy/end of reporting on limitation  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9168  | Memory functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals                          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9169  | Memory functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy                             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9170  | Memory functional limitation, discharge status at discharge from therapy/end of reporting on limitation   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9171  | Voice functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals                           | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9172  | Voice functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy                              | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9173  | Voice functional limitation, discharge status at discharge from therapy/end of reporting on limitation  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9174  | Other speech language pathology functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9175  | Other speech language pathology functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9176  | Other speech language pathology functional limitation, discharge status at discharge from therapy/end of reporting on limitation                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9186  | Motor speech functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9188  | Beta-blocker therapy not prescribed, reason not given   | Not Covered         |                      |                   | MMP           |
| G9189  | Beta-blocker therapy prescribed or currently being taken  | Not Covered         |                      |                   | MMP           |
| G9190  | Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)                     | Not Covered         |                      |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9191  | Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)   | Not Covered         |     |                   | MMP           |
| G9192  | Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)   | Not Covered         |     |                   | MMP           |
| G9196  | Documentation of medical reason(s) for not ordering first or second generation cephalosporin for antimicrobial prophylaxis  | Not Covered         |     |                   | MMP           |
| G9197  | Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis   | Not Covered         |     |                   | MMP           |
| G9198  | Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given   | Not Covered         |     |                   | MMP           |
| G9212  | Dsm-ivtm criteria for major depressive disorder documented at the initial evaluation  | Not Covered         |     |                   | MMP           |
| G9213  | Dsm-iv-tr criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified   | Not Covered         |     |                   | MMP           |
| G9223  | Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count below 500 cells/mm3 or a cd4 percentage below 15%                                 | Not Covered         |     |                   | MMP           |
| G9225  | Foot exam was not performed, reason not given   | Not Covered         |     |                   | MMP           |
| G9226  | Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when all of the 3 components are completed) | Not Covered         |     |                   | MMP           |
| G9227  | Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan   | Not Covered         |     |                   | MMP           |
| G9228  | Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)  | Not Covered         |     |                   | MMP           |
| G9229  | Chlamydia, gonorrhea, and syphilis not screened, due to documented reason (patient refusal is the only allowed exclusion)   | Not Covered         |     |                   | MMP           |
| G9230  | Chlamydia, gonorrhea, and syphilis not screened, reason not given   | Not Covered         |     |                   | MMP           |
| G9231  | Documentation of end stage renal disease (esrd), dialysis, renal transplant or pregnancy  | Not Covered         |     |                   | MMP           |
| G9232  | Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition for specified patient reason  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9239  | Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (eg, patient has a maturing avf/avg, time-limited trial of hemodialysis, patients undergoing palliative dialysis, other medical reasons, patient declined avf/avg, other patient reasons, patient followed by reporting nephrologist for fewer than 90 days, other system reasons) | Not Covered         |     |                   | MMP           |
| G9240  | Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated  | Not Covered         |     |                   | MMP           |
| G9241  | Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated  | Not Covered         |     |                   | MMP           |
| G9242  | Documentation of viral load equal to or greater than 200 copies/ml   | Not Covered         |     |                   | MMP           |
| G9243  | Documentation of viral load less than 200 copies/ml  | Not Covered         |     |                   | MMP           |
| G9246  | Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits  | Not Covered         |     |                   | MMP           |
| G9247  | Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits   | Not Covered         |     |                   | MMP           |
| G9250  | Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment   | Not Covered         |     |                   | MMP           |
| G9251  | Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment  | Not Covered         |     |                   | MMP           |
| G9254  | Documentation of patient discharged to home later than post-operative day 2 following cas  | Not Covered         |     |                   | MMP           |
| G9255  | Documentation of patient discharged to home no later than post operative day 2 following cas   | Not Covered         |     |                   | MMP           |
| G9256  | Documentation of patient death following cas   | Not Covered         |     |                   | MMP           |
| G9257  | Documentation of patient stroke following cas  | Not Covered         |     |                   | MMP           |
| G9258  | Documentation of patient stroke following cea  | Not Covered         |     |                   | MMP           |
| G9259  | Documentation of patient survival and absence of stroke following cas  | Not Covered         |     |                   | MMP           |
| G9260  | Documentation of patient death following cea   | Not Covered         |     |                   | MMP           |
| G9261  | Documentation of patient survival and absence of stroke following cea  | Not Covered         |     |                   | MMP           |
| G9262  | Documentation of patient death in the hospital following endovascular aaa repair   | Not Covered         |     |                   | MMP           |
| G9263  | Documentation of patient survival in the hospital following endovascular aaa repair  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9264  | Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (eg, patient is undergoing palliative dialysis with a catheter, patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons, patient declined avf/avg, other patient reasons)  | Not Covered         |     |                   | MMP           |
| G9265  | Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access   | Not Covered         |     |                   | MMP           |
| G9266  | Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access  | Not Covered         |     |                   | MMP           |
| G9267  | Documentation of patient with one or more complications or mortality within 30 days  | Not Covered         |     |                   | MMP           |
| G9268  | Documentation of patient with one or more complications within 90 days   | Not Covered         |     |                   | MMP           |
| G9269  | Documentation of patient without one or more complications and without mortality within 30 days  | Not Covered         |     |                   | MMP           |
| G9270  | Documentation of patient without one or more complications within 90 days  | Not Covered         |     |                   | MMP           |
| G9273  | Blood pressure has a systolic value of < 140 and a diastolic value of < 90   | Not Covered         |     |                   | MMP           |
| G9274  | Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90  | Not Covered         |     |                   | MMP           |
| G9275  | Documentation that patient is a current non-tobacco user   | Not Covered         |     |                   | MMP           |
| G9276  | Documentation that patient is a current tobacco user   | Not Covered         |     |                   | MMP           |
| G9277  | Documentation that the patient is on daily aspirin or has documentation of a valid contraindication to aspirin automatic contraindications include anti-coagulant use, allergy, and history of gastrointestinal bleed; additionally, any reason documented by the physician as a reason for not taking daily aspirin is acceptable (examples include non-steroidal anti-inflammatory agents, risk for drug interaction, or uncontrolled hypertension defined as > 180 systolic or > 110 diastolic) | Not Covered         |     |                   | MMP           |
| G9278  | Documentation that the patient is not on daily aspirin regimen   | Not Covered         |     |                   | MMP           |
| G9279  | Pneumococcal screening performed and documentation of vaccination received prior to discharge  | Not Covered         |     |                   | MMP           |
| G9280  | Pneumococcal vaccination not administered prior to discharge, reason not specified   | Not Covered         |     |                   | MMP           |
| G9281  | Screening performed and documentation that vaccination not indicated/patient refusal   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9282  | Documentation of medical reason(s) for not reporting the histological type or nslc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons) | Not Covered         |     |                   | MMP           |
| G9283  | Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation   | Not Covered         |     |                   | MMP           |
| G9284  | Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation   | Not Covered         |     |                   | MMP           |
| G9285  | Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer   | Not Covered         |     |                   | MMP           |
| G9286  | Documentation of antibiotic regimen prescribed within 7 days of diagnosis or within 10 days after onset of symptoms   | Not Covered         |     |                   | MMP           |
| G9287  | No antibiotic regimen prescribed within 7 days of diagnosis or within 10 days after onset of symptoms   | Not Covered         |     |                   | MMP           |
| G9288  | Documentation of medical reason(s) for not reporting the histological type or nslc-nos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons )          | Not Covered         |     |                   | MMP           |
| G9289  | Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation   | Not Covered         |     |                   | MMP           |
| G9290  | Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation   | Not Covered         |     |                   | MMP           |
| G9291  | Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as nslc-nos   | Not Covered         |     |                   | MMP           |
| G9292  | Documentation of medical reason(s) for not reporting pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)               | Not Covered         |     |                   | MMP           |
| G9293  | Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate   | Not Covered         |     |                   | MMP           |
| G9294  | Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate   | Not Covered         |     |                   | MMP           |
| G9295  | Specimen site other than anatomic cutaneous location  | Not Covered         |     |                   | MMP           |
| G9296  | Patients with documented shared decision making including discussion of conservative (non-surgical) therapy prior to the procedure  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9297  | Shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure not documented, reason not given  | Not Covered         |     |                   | MMP           |
| G9298  | Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of dvt, pe, mi, arrhythmia and stroke  | Not Covered         |     |                   | MMP           |
| G9299  | Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of dvt, pe, mi, arrhythmia and stroke, reason not given                  | Not Covered         |     |                   | MMP           |
| G9300  | Documentation of medical reason(s) for not completely infusing the prophylactic antibiotic prior to the inflation of the proximal tourniquet (e.g., a tourniquet was not used)  | Not Covered         |     |                   | MMP           |
| G9301  | Patients who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet   | Not Covered         |     |                   | MMP           |
| G9302  | Prophylactic antibiotic not completely infused prior to the inflation of the proximal tourniquet, reason not given  | Not Covered         |     |                   | MMP           |
| G9303  | Operative report does not identify the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of the prosthetic implant, reason not given | Not Covered         |     |                   | MMP           |
| G9304  | Operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of the prosthetic implant                          | Not Covered         |     |                   | MMP           |
| G9305  | Intervention for presence of leak of endoluminal contents through an anastomosis not required   | Not Covered         |     |                   | MMP           |
| G9306  | Intervention for presence of leak of endoluminal contents through an anastomosis required   | Not Covered         |     |                   | MMP           |
| G9307  | No return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure   | Not Covered         |     |                   | MMP           |
| G9308  | Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure  | Not Covered         |     |                   | MMP           |
| G9309  | No unplanned hospital readmission within 30 days of principal procedure   | Not Covered         |     |                   | MMP           |
| G9310  | Unplanned hospital readmission within 30 days of principal procedure  | Not Covered         |     |                   | MMP           |
| G9311  | No surgical site infection  | Not Covered         |     |                   | MMP           |
| G9312  | Surgical site infection   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9313  | Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason (eg, cystic fibrosis, immotile cilia disorders, ciliary dyskinesia, immune deficiency, prior history of sinus surgery within the past 12 months, and anatomic abnormalities, such as deviated nasal septum, resistant organisms, allergy to medication, recurrent sinusitis, chronic sinusitis, or other reasons) | Not Covered         |     |                   | MMP           |
| G9314  | Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given   | Not Covered         |     |                   | MMP           |
| G9315  | Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis   | Not Covered         |     |                   | MMP           |
| G9316  | Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family   | Not Covered         |     |                   | MMP           |
| G9317  | Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed   | Not Covered         |     |                   | MMP           |
| G9318  | Imaging study named according to standardized nomenclature   | Not Covered         |     |                   | MMP           |
| G9319  | Imaging study not named according to standardized nomenclature, reason not given   | Not Covered         |     |                   | MMP           |
| G9321  | Count of previous ct (any type of ct) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study   | Not Covered         |     |                   | MMP           |
| G9322  | Count of previous ct and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given  | Not Covered         |     |                   | MMP           |
| G9326  | Ct studies performed not reported to a radiation dose index registry, reason not given   | Not Covered         |     |                   | MMP           |
| G9327  | Ct studies performed reported to a radiation dose index registry with all necessary data elements  | Not Covered         |     |                   | MMP           |
| G9329  | Dicom format image data available to non-affiliated external entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final report, reason not given  | Not Covered         |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9340  | Final report documented that dicom format image data available to non-affiliated external entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study  | Not Covered         |     |                   | MMP           |
| G9341  | Search conducted for prior patient ct imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed   | Not Covered         |     |                   | MMP           |
| G9342  | Search conducted for prior patient imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed not completed, reason not given  | Not Covered         |     |                   | MMP           |
| G9344  | Search for prior patient completed dicom format images not completed due to system reasons (ie, facility does not have archival abilities through a shared archival system)  | Not Covered         |     |                   | MMP           |
| G9345  | Follow-up recommendations according to recommended guidelines for incidentally detected pulmonary nodules (eg, follow-up ct imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors documented   | Not Covered         |     |                   | MMP           |
| G9347  | Follow-up recommendations according to recommended guidelines for incidentally detected pulmonary nodules not documented, reason not given   | Not Covered         |     |                   | MMP           |
| G9348  | Ct scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons (eg, persons with sinusitis symptoms lasting at least 7 to 10 days, antibiotic resistance, immunocompromised, recurrent sinusitis, acute frontal sinusitis, acute sphenoid sinusitis, periorbital cellulitis, or other medical) | Not Covered         |     |                   | MMP           |
| G9349  | Documentation of a ct scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis  | Not Covered         |     |                   | MMP           |
| G9350  | Ct scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis   | Not Covered         |     |                   | MMP           |
| G9351  | More than one ct scan of the paranasal sinuses ordered or received within 90 days after diagnosis  | Not Covered         |     |                   | MMP           |
| G9352  | More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9353  | More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second ct obtained prior to surgery, other medical reasons)   | Not Covered         |                      |                   | MMP           |
| G9354  | More than one ct scan of the paranasal sinuses not ordered within 90 days after the date of diagnosis  | Not Covered         |                      |                   | MMP           |
| G9355  | Elective delivery or early induction not performed   | Not Covered         |                      |                   | MMP           |
| G9356  | Elective delivery or early induction performed   | Not Covered         |                      |                   | MMP           |
| G9357  | Post-partum screenings, evaluations and education performed  | Not Covered         |                      |                   | MMP           |
| G9358  | Post-partum screenings, evaluations and education not performed  | Not Covered         |                      |                   | MMP           |
| G9359  | Documentation of negative or managed positive tb screen with further evidence that tb is not active  | Not Covered         |                      |                   | MMP           |
| G9360  | No documentation of negative or managed positive tb screen   | Not Covered         |                      |                   | MMP           |
| G9361  | Medical indication for induction (documentation of reason(s) for elective delivery or early induction)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9364  | Sinusitis caused by, or presumed to be caused by, bacterial infection  | Not Covered         |                      |                   | MMP           |
| G9365  | One high-risk medication ordered   | Not Covered         |                      |                   | MMP           |
| G9366  | One high-risk medication not ordered   | Not Covered         |                      |                   | MMP           |
| G9367  | At least two different high-risk medications ordered   | Not Covered         |                      |                   | MMP           |
| G9368  | At least two different high-risk medications not ordered   | Not Covered         |                      |                   | MMP           |
| G9380  | Patient offered assistance with end of life issues during the measurement period   | Not Covered         |                      |                   | MMP           |
| G9382  | Patient not offered assistance with end of life issues during the measurement period   | Not Covered         |                      |                   | MMP           |
| G9383  | Patient received screening for hcv infection within the 12 month reporting period  | Not Covered         |                      |                   | MMP           |
| G9384  | Documentation of medical reason(s) for not receiving screening for hcv infection within the 12 month reporting period (e.g., decompensated cirrhosis including advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, or waitlist for organ transplant, limited life expectancy, other medical reasons) | Not Covered         |                      |                   | MMP           |
| G9385  | Documentation of patient reason(s) for not receiving screening for hcv infection within the 12 month reporting period (e.g., patient declined, other patient reasons)  | Not Covered         |                      |                   | MMP           |
| G9386  | Screening for hcv infection not received within the 12 month reporting period, reason not given  | Not Covered         |                      |                   | MMP           |
| G9389  | Unplanned rupture of the posterior capsule requiring vitrectomy  | Not Covered         |                      |                   | MMP           |
| G9390  | No unplanned rupture of the posterior capsule requiring vitrectomy   | Not Covered         |                      |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9393  | Patient with an initial phq-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score of less than five   | Not Covered         |     |                   | MMP           |
| G9394  | Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period  | Not Covered         |     |                   | MMP           |
| G9395  | Patient with an initial phq-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score greater than or equal to five  | Not Covered         |     |                   | MMP           |
| G9396  | Patient with an initial phq-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)   | Not Covered         |     |                   | MMP           |
| G9399  | Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment   | Not Covered         |     |                   | MMP           |
| G9400  | Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons | Not Covered         |     |                   | MMP           |
| G9401  | No documentation of a discussion in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment  | Not Covered         |     |                   | MMP           |
| G9402  | Patient received follow-up on the date of discharge or within 30 days after discharge   | Not Covered         |     |                   | MMP           |
| G9403  | Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)  | Not Covered         |     |                   | MMP           |
| G9404  | Patient did not receive follow-up on the date of discharge or within 30 days after discharge  | Not Covered         |     |                   | MMP           |
| G9405  | Patient received follow-up within 7 days from discharge   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9406  | Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient death prior to follow-up visit, patient non-compliance for visit follow-up)   | Not Covered         |     |                   | MMP           |
| G9407  | Patient did not receive follow-up on or within 7 days after discharge  | Not Covered         |     |                   | MMP           |
| G9408  | Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days   | Not Covered         |     |                   | MMP           |
| G9409  | Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days  | Not Covered         |     |                   | MMP           |
| G9410  | Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision  | Not Covered         |     |                   | MMP           |
| G9411  | Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision  | Not Covered         |     |                   | MMP           |
| G9412  | Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision  | Not Covered         |     |                   | MMP           |
| G9413  | Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision  | Not Covered         |     |                   | MMP           |
| G9414  | Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays  | Not Covered         |     |                   | MMP           |
| G9415  | Patient did not have one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays   | Not Covered         |     |                   | MMP           |
| G9416  | Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) or one tetanus, diphtheria toxoids vaccine (td) on or between the patient's 10th and 13th birthdays or one tetanus and one diptheria vaccine on or between the patient's 10th and 13th birthdays          | Not Covered         |     |                   | MMP           |
| G9417  | Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) or one tetanus, diphtheria toxoids vaccine (td) on or between the patient's 10th and 13th birthdays or one tetanus and one diptheria vaccine on or between the patient's 10th and 13th birthdays | Not Covered         |     |                   | MMP           |
| G9418  | Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nscic-nos with an explanation   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9419  | Documentation of medical reason(s) for not reporting the histological type or nsclnos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical reasons) | Not Covered         |     |                   | MMP           |
| G9420  | Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer  | Not Covered         |     |                   | MMP           |
| G9421  | Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nsclnos with an explanation   | Not Covered         |     |                   | MMP           |
| G9422  | Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nsclnos with an explanation   | Not Covered         |     |                   | MMP           |
| G9423  | Documentation of medical reason(s) for not reporting the histological type or nsclnos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)                   | Not Covered         |     |                   | MMP           |
| G9424  | Specimen site other than anatomic location of lung, is not classified as non-small cell lung cancer or classified as nsclnos   | Not Covered         |     |                   | MMP           |
| G9425  | Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nsclnos with an explanation   | Not Covered         |     |                   | MMP           |
| G9426  | Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration performed for ed admitted patients  | Not Covered         |     |                   | MMP           |
| G9427  | Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration not performed for ed admitted patients  | Not Covered         |     |                   | MMP           |
| G9428  | Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate  | Not Covered         |     |                   | MMP           |
| G9429  | Documentation of medical reason(s) for not reporting pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)                      | Not Covered         |     |                   | MMP           |
| G9430  | Specimen site other than anatomic cutaneous location   | Not Covered         |     |                   | MMP           |
| G9431  | Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate  | Not Covered         |     |                   | MMP           |
| G9432  | Asthma well-controlled based on the act, c-act, acq, or ataq score and results documented  | Not Covered         |     |                   | MMP           |
| G9434  | Asthma not well-controlled based on the act, c-act, acq, or ataq score, or specified asthma control tool not used, reason not given  | Not Covered         |     |                   | MMP           |
| G9448  | Patients who were born in the years 1945?1965  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9449  | History of receiving blood transfusions prior to 1992   | Not Covered         |     |                   | MMP           |
| G9450  | History of injection drug use   | Not Covered         |     |                   | MMP           |
| G9451  | Patient received one-time screening for hcv infection   | Not Covered         |     |                   | MMP           |
| G9452  | Documentation of medical reason(s) for not receiving one-time screening for hcv infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)  | Not Covered         |     |                   | MMP           |
| G9453  | Documentation of patient reason(s) for not receiving one-time screening for hcv infection (e.g., patient declined, other patient reasons)   | Not Covered         |     |                   | MMP           |
| G9454  | One-time screening for hcv infection not received within 12 month reporting period and no documentation of prior screening for hcv infection, reason not given  | Not Covered         |     |                   | MMP           |
| G9455  | Patient underwent abdominal imaging with ultrasound, contrast enhanced ct or contrast mri for hcc   | Not Covered         |     |                   | MMP           |
| G9456  | Documentation of medical or patient reason(s) for not ordering or performing screening for hcc. medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)                       | Not Covered         |     |                   | MMP           |
| G9457  | Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the reporting period   | Not Covered         |     |                   | MMP           |
| G9458  | Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user | Not Covered         |     |                   | MMP           |
| G9459  | Currently a tobacco non-user  | Not Covered         |     |                   | MMP           |
| G9460  | Tobacco assessment or tobacco cessation intervention not performed, reason not otherwise specified  | Not Covered         |     |                   | MMP           |
| G9468  | Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9469  | Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills            | Not Covered         |     |                   | MMP           |
| G9470  | Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills                                 | Not Covered         |     |                   | MMP           |
| G9471  | Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) not ordered or documented   | Not Covered         |     |                   | MMP           |
| G9472  | Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) not ordered and documented, no review of systems and no medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed                | Not Covered         |     |                   | MMP           |
| G9473  | Services performed by chaplain in the hospice setting, each 15 minutes  | Not Covered         |     |                   | MMP           |
| G9474  | Services performed by dietary counselor in the hospice setting, each 15 minutes   | Not Covered         |     |                   | MMP           |
| G9475  | Services performed by other counselor in the hospice setting, each 15 minutes   | Not Covered         |     |                   | MMP           |
| G9476  | Services performed by volunteer in the hospice setting, each 15 minutes   | Not Covered         |     |                   | MMP           |
| G9477  | Services performed by care coordinator in the hospice setting, each 15 minutes  | Not Covered         |     |                   | MMP           |
| G9478  | Services performed by other qualified therapist in the hospice setting, each 15 minutes   | Not Covered         |     |                   | MMP           |
| G9479  | Services performed by qualified pharmacist in the hospice setting, each 15 minutes  | Not Covered         |     |                   | MMP           |
| G9480  | Admission to medicare care choice model program (mccm)  | Not Covered         |     |                   | MMP           |
| G9497  | Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery   | Not Covered         |     |                   | MMP           |
| G9498  | Antibiotic regimen prescribed   | Not Covered         |     |                   | MMP           |
| G9500  | Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented  | Not Covered         |     |                   | MMP           |
| G9501  | Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given  | Not Covered         |     |                   | MMP           |
| G9502  | Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period) | Not Covered         |     |                   | MMP           |
| G9503  | Patient taking tamsulosin hydrochloride   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9504  | Documented reason for not assessing hepatitis b virus (hbv) status (e.g. patient not receiving a first course of anti-tnf therapy, patient declined) within one year prior to first course of anti-tnf therapy   | Not Covered         |     |                   | MMP           |
| G9505  | Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason   | Not Covered         |     |                   | MMP           |
| G9506  | Biologic immune response modifier prescribed   | Not Covered         |     |                   | MMP           |
| G9507  | Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (hiv protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myostitis or toxic myopathy related to drugs) | Not Covered         |     |                   | MMP           |
| G9508  | Documentation that the patient is not on a statin medication   | Not Covered         |     |                   | MMP           |
| G9509  | Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5   | Not Covered         |     |                   | MMP           |
| G9510  | Remission at twelve months not demonstrated by a twelve month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to 5   | Not Covered         |     |                   | MMP           |
| G9511  | Index date phq-9 score greater than 9 documented during the twelve month denominator identification period   | Not Covered         |     |                   | MMP           |
| G9512  | Individual had a pdc of 0.8 or greater   | Not Covered         |     |                   | MMP           |
| G9513  | Individual did not have a pdc of 0.8 or greater  | Not Covered         |     |                   | MMP           |
| G9514  | Patient required a return to the operating room within 90 days of surgery  | Not Covered         |     |                   | MMP           |
| G9515  | Patient did not require a return to the operating room within 90 days of surgery   | Not Covered         |     |                   | MMP           |
| G9516  | Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery   | Not Covered         |     |                   | MMP           |
| G9517  | Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given  | Not Covered         |     |                   | MMP           |
| G9518  | Documentation of active injection drug use   | Not Covered         |     |                   | MMP           |



| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9519  | Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery   | Not Covered         |     |                   | MMP           |
| G9520  | Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery, reason not given   | Not Covered         |     |                   | MMP           |
| G9521  | Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months  | Not Covered         |     |                   | MMP           |
| G9522  | Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given   | Not Covered         |     |                   | MMP           |
| G9523  | Patient discontinued from hemodialysis or peritoneal dialysis   | Not Covered         |     |                   | MMP           |
| G9524  | Patient was referred to hospice care  | Not Covered         |     |                   | MMP           |
| G9525  | Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)  | Not Covered         |     |                   | MMP           |
| G9526  | Patient was not referred to hospice care, reason not given  | Not Covered         |     |                   | MMP           |
| G9529  | Patient with minor blunt head trauma had an appropriate indication(s) for a head ct   | Not Covered         |     |                   | MMP           |
| G9530  | Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider  | Not Covered         |     |                   | MMP           |
| G9531  | Patient has a valid reason for a head ct for trauma being ordered, regardless of indications (i.e., ventricular shunt, brain tumor, multisystem trauma, pregnancy, or currently taking an antiplatelet medication including: asa/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilostazol) | Not Covered         |     |                   | MMP           |
| G9532  | Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma                                    | Not Covered         |     |                   | MMP           |
| G9533  | Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct  | Not Covered         |     |                   | MMP           |
| G9534  | Advanced brain imaging (cta, ct, mra or mri) was not ordered  | Not Covered         |     |                   | MMP           |
| G9535  | Patients with a normal neurological examination   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9536  | Documentation of medical reason(s) for ordering an advanced brain imaging study (i.e., patient has an abnormal neurological examination; patient has the coexistence of seizures, or both; recent onset of severe headache; change in the type of headache; signs of increased intracranial pressure (e.g., papilledema, absent venous pulsations on fundoscopic examination, altered mental status, focal neurologic deficits, signs of meningeal irritation); hiv-positive patients with a new type of headache; immunocompromised patient with unexplained headache symptoms; patient on coagulopathy/anti-coagulation or anti-platelet therapy; very young patients with unexplained headache symptoms) | Not Covered         |     |                   | MMP           |
| G9537  | Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)  | Not Covered         |     |                   | MMP           |
| G9538  | Advanced brain imaging (cta, ct, mra or mri) was ordered  | Not Covered         |     |                   | MMP           |
| G9539  | Intent for potential removal at time of placement   | Not Covered         |     |                   | MMP           |
| G9540  | Patient alive 3 months post procedure   | Not Covered         |     |                   | MMP           |
| G9541  | Filter removed within 3 months of placement   | Not Covered         |     |                   | MMP           |
| G9542  | Documented re-assessment for the appropriateness of filter removal within 3 months of placement   | Not Covered         |     |                   | MMP           |
| G9543  | Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement  | Not Covered         |     |                   | MMP           |
| G9544  | Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement   | Not Covered         |     |                   | MMP           |
| G9547  | Incidental ct finding: liver lesion = 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion = 1.0 cm  | Not Covered         |     |                   | MMP           |
| G9548  | Final reports for abdominal imaging studies with follow-up imaging recommended  | Not Covered         |     |                   | MMP           |
| G9549  | Documentation of medical reason(s) that follow-up imaging is not indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s))   | Not Covered         |     |                   | MMP           |
| G9550  | Final reports for abdominal imaging studies with follow-up imaging not recommended  | Not Covered         |     |                   | MMP           |
| G9551  | Final reports for abdominal imaging studies without a liver lesion < 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion < 1.0 cm noted   | Not Covered         |     |                   | MMP           |
| G9552  | Incidental thyroid nodule < 1.0 cm noted in report  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9553  | Prior thyroid disease diagnosis   | Not Covered         |     |                   | MMP           |
| G9554  | Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended   | Not Covered         |     |                   | MMP           |
| G9555  | Documentation of medical reason(s) for not including documentation that follow up imaging is not needed (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s)) | Not Covered         |     |                   | MMP           |
| G9556  | Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended   | Not Covered         |     |                   | MMP           |
| G9557  | Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted  | Not Covered         |     |                   | MMP           |
| G9558  | Patient treated with a beta-lactam antibiotic as definitive therapy   | Not Covered         |     |                   | MMP           |
| G9559  | Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta -lactam antibiotics)  | Not Covered         |     |                   | MMP           |
| G9560  | Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given   | Not Covered         |     |                   | MMP           |
| G9561  | Patients prescribed opiates for longer than six weeks   | Not Covered         |     |                   | MMP           |
| G9562  | Patients who had a follow-up evaluation conducted at least every three months during opioid therapy   | Not Covered         |     |                   | MMP           |
| G9563  | Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy  | Not Covered         |     |                   | MMP           |
| G9573  | Remission at six months as demonstrated by a six month (+/-30 days) phq-9 score of less than five   | Not Covered         |     |                   | MMP           |
| G9574  | Remission at six months not demonstrated by a six month (+/-30 days) phq-9 score of less than five. either phq-9 score was not assessed or is greater than or equal to five   | Not Covered         |     |                   | MMP           |
| G9577  | Patients prescribed opiates for longer than six weeks   | Not Covered         |     |                   | MMP           |
| G9578  | Documentation of signed opioid treatment agreement at least once during opioid therapy  | Not Covered         |     |                   | MMP           |
| G9579  | No documentation of signed an opioid treatment agreement at least once during opioid therapy  | Not Covered         |     |                   | MMP           |
| G9580  | Door to puncture time of less than 2 hours  | Not Covered         |     |                   | MMP           |
| G9582  | Door to puncture time of greater than 2 hours, no reason given  | Not Covered         |     |                   | MMP           |
| G9583  | Patients prescribed opiates for longer than six weeks   | Not Covered         |     |                   | MMP           |
| G9584  | Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soaap-r) or patient interviewed at least once during opioid therapy                                      | Not Covered         |     |                   | MMP           |
| G9585  | Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soaap-r) or patient not interviewed at least once during opioid therapy                              | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9593  | Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules   | Not Covered         |     |                   | MMP           |
| G9594  | Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider   | Not Covered         |     |                   | MMP           |
| G9595  | Patient has a valid reason for a head ct for trauma being ordered, regardless of indications (ie, ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia)  | Not Covered         |     |                   | MMP           |
| G9596  | Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma   | Not Covered         |     |                   | MMP           |
| G9597  | Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules   | Not Covered         |     |                   | MMP           |
| G9598  | Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct   | Not Covered         |     |                   | MMP           |
| G9599  | Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct  | Not Covered         |     |                   | MMP           |
| G9600  | Symptomatic aas that required urgent/emergent (non-elective) repair  | Not Covered         |     |                   | MMP           |
| G9601  | Patient discharge to home no later than post-operative day #7  | Not Covered         |     |                   | MMP           |
| G9602  | Patient not discharged to home by post-operative day #7  | Not Covered         |     |                   | MMP           |
| G9603  | Patient survey score improved from baseline following treatment  | Not Covered         |     |                   | MMP           |
| G9604  | Patient survey results not available   | Not Covered         |     |                   | MMP           |
| G9605  | Patient survey score did not improve from baseline following treatment   | Not Covered         |     |                   | MMP           |
| G9606  | Intraoperative cystoscopy performed to evaluate for lower tract injury   | Not Covered         |     |                   | MMP           |
| G9607  | Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)  | Not Covered         |     |                   | MMP           |
| G9608  | Intraoperative cystoscopy not performed to evaluate for lower tract injury   | Not Covered         |     |                   | MMP           |
| G9609  | Documentation of an order for anti-platelet agents or p2y12 antagonists  | Not Covered         |     |                   | MMP           |
| G9610  | Documentation of medical reason(s) for not ordering anti-platelet agents or p2y12 antagonists (e.g., patients with known intolerance to anti-platelet agents such as aspirin or aspirin-like agents, or p2y12 antagonists, or those on or other intravenous anti-coagulants; patients with active bleeding or undergoing urgent or emergent operations or endarterectomy combined with cardiac surgery, other medical reason(s)) | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9611  | Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified  | Not Covered         |     |                   | MMP           |
| G9612  | Photodocumentation of one or more cecal landmarks to establish a complete examination   | Not Covered         |     |                   | MMP           |
| G9613  | Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)   | Not Covered         |     |                   | MMP           |
| G9614  | No photodocumentation of cecal landmarks to establish a complete examination  | Not Covered         |     |                   | MMP           |
| G9615  | Preoperative assessment documented  | Not Covered         |     |                   | MMP           |
| G9616  | Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)   | Not Covered         |     |                   | MMP           |
| G9617  | Preoperative assessment not documented, reason not given  | Not Covered         |     |                   | MMP           |
| G9618  | Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind   | Not Covered         |     |                   | MMP           |
| G9620  | Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given   | Not Covered         |     |                   | MMP           |
| G9621  | Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling   | Not Covered         |     |                   | MMP           |
| G9622  | Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method   | Not Covered         |     |                   | MMP           |
| G9623  | Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)   | Not Covered         |     |                   | MMP           |
| G9624  | Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given  | Not Covered         |     |                   | MMP           |
| G9625  | Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery  | Not Covered         |     |                   | MMP           |
| G9626  | Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.) | Not Covered         |     |                   | MMP           |
| G9627  | Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery  | Not Covered         |     |                   | MMP           |
| G9628  | Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9629  | Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)  | Not Covered         |     |                   | MMP           |
| G9630  | Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery  | Not Covered         |     |                   | MMP           |
| G9631  | Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery   | Not Covered         |     |                   | MMP           |
| G9632  | Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)  | Not Covered         |     |                   | MMP           |
| G9633  | Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery  | Not Covered         |     |                   | MMP           |
| G9634  | Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved   | Not Covered         |     |                   | MMP           |
| G9635  | Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order to complete the hrqol questionnaire) | Not Covered         |     |                   | MMP           |
| G9636  | Health-related quality of life not assessed with tool during at least two visits or quality of life score declined   | Not Covered         |     |                   | MMP           |
| G9637  | Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)  | Not Covered         |     |                   | MMP           |
| G9638  | Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)   | Not Covered         |     |                   | MMP           |
| G9639  | Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure  | Not Covered         |     |                   | MMP           |
| G9640  | Documentation of planned hybrid or staged procedure  | Not Covered         |     |                   | MMP           |
| G9641  | Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure  | Not Covered         |     |                   | MMP           |
| G9642  | Current cigarette smokers  | Not Covered         |     |                   | MMP           |
| G9643  | Elective surgery   | Not Covered         |     |                   | MMP           |
| G9644  | Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9645  | Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure   | Not Covered         |     |                   | MMP           |
| G9646  | Patients with 90 day mrs score of 0 to 2   | Not Covered         |     |                   | MMP           |
| G9647  | Patients in whom mrs score could not be obtained at 90 day follow-up   | Not Covered         |     |                   | MMP           |
| G9648  | Patients with 90 day mrs score greater than 2  | Not Covered         |     |                   | MMP           |
| G9649  | Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi))   | Not Covered         |     |                   | MMP           |
| G9651  | Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi)) or psoriasis assessment tool not documented   | Not Covered         |     |                   | MMP           |
| G9654  | Monitored anesthesia care (mac)  | Not Covered         |     |                   | MMP           |
| G9655  | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used  | Not Covered         |     |                   | MMP           |
| G9656  | Patient transferred directly from anesthetizing location to pacu   | Not Covered         |     |                   | MMP           |
| G9658  | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used  | Not Covered         |     |                   | MMP           |
| G9659  | Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits   | Not Covered         |     |                   | MMP           |
| G9660  | Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (eg., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits) | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9661  | Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of gi tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnoses advance lesions                                      | Not Covered         |     |                   | MMP           |
| G9662  | Previously diagnosed or have an active diagnosis of clinical ascvd  | Not Covered         |     |                   | MMP           |
| G9663  | Any fasting or direct ldl-c laboratory test result = 190 mg/dl  | Not Covered         |     |                   | MMP           |
| G9664  | Patients who are currently statin therapy users or received an order (prescription) for statin therapy  | Not Covered         |     |                   | MMP           |
| G9665  | Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy   | Not Covered         |     |                   | MMP           |
| G9666  | The highest fasting or direct ldl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period  | Not Covered         |     |                   | MMP           |
| G9674  | Patients with clinical ascvd diagnosis  | Not Covered         |     |                   | MMP           |
| G9675  | Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl   | Not Covered         |     |                   | MMP           |
| G9676  | Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70?189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period | Not Covered         |     |                   | MMP           |
| G9679  | Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed oncper day per beneficiary.   | No                  |     |                   | MMP           |
| G9680  | Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary.   | No                  |     |                   | MMP           |
| G9681  | Onsite acute care treatment of a resident with COPD or asthma. May only be billed once per day per beneficiary.   | No                  |     |                   | MMP           |
| G9682  | Onsite acute care treatment a nursing facility resident with a skin infection. May only be billed once per day per beneficiary  | No                  |     |                   | MMP           |
| G9683  | Onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder or dehydration (similar pattern). May only be billed once per day per beneficiary.  | No                  |     |                   | MMP           |
| G9684  | Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary.  | No                  |     |                   | MMP           |
| G9685  | Evaluation and management of a beneficiary's acute change in condition in a nursing facility  | No                  |     |                   | MMP           |
| G9686  | Onsite nursing facility conference, that is separate and distinct from an Evaluation and Management visit, including qualified practitioner and at least one member of the nursing facility interdisciplinary care team   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9687  | Hospice services provided to patient any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9688  | Patients using hospice services any time during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9689  | Patient admitted for performance of elective carotid intervention  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9690  | Patient receiving hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9691  | Patient had hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9692  | Hospice services received by patient any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9693  | Patient use of hospice services any time during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9694  | Hospice services utilized by patient any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9695  | Long-acting inhaled bronchodilator prescribed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9696  | Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9697  | Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9698  | Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9699  | Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9700  | Patients who use hospice services any time during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9701  | Children who are taking antibiotics in the 30 days prior to the date of the encounter during which the diagnosis was established                               | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9702  | Patients who use hospice services any time during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9703  | Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9704  | Ajcc breast cancer stage i: t1 mic or t1a documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9705  | Ajcc breast cancer stage i: t1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9706  | Low (or very low) risk of recurrence, prostate cancer  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9707  | Patient received hospice services any time during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9708  | Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9709  | Hospice services used by patient any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9710  | Patient was provided hospice services any time during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9711  | Patients with a diagnosis or past history of total colectomy or colorectal cancer  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9712  | Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis/ mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/uti, acne, hiv disease/asymptomatic hiv, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9713  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9714  | Patient is using hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9715  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9716  | Bmi is documented as being outside of normal limits, follow-up plan is not completed for documented reason  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9717  | Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9718  | Hospice services for patient provided any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9719  | Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9720  | Hospice services for patient occurred any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9721  | Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9722  | Documented history of renal failure or baseline serum creatinine = 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the cr has been or is 4.0 or higher  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9723  | Hospice services for patient received any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9724  | Patients who had documentation of use of anticoagulant medications overlapping the measurement year   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9725  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9726  | Patient refused to participate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9727  | Patient unable to complete the foto knee intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available                 | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9728  | Patient refused to participate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9729  | Patient unable to complete the foto hip intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9730  | Patient refused to participate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9731  | Patient unable to complete the foto foot or ankle intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available        | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9732  | Patient refused to participate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9733  | Patient unable to complete the foto lumbar intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available               | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9734  | Patient refused to participate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9735  | Patient unable to complete the foto shoulder intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available             | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9736  | Patient refused to participate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9737  | Patient unable to complete the foto elbow, wrist or hand intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9738  | Patient refused to participate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9739  | Patient unable to complete the foto general orthopedic intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9740  | Hospice services given to patient any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9741  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9742  | Psychiatric symptoms assessed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9743  | Psychiatric symptoms not assessed, reason not otherwise specified   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9744  | Patient not eligible due to active diagnosis of hypertension  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9745  | Documented reason for not screening or recommending a follow-up for high blood pressure   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9746  | Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of af (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9747  | Patient is undergoing palliative dialysis with a catheter   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9748  | Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9749  | Patient is undergoing palliative dialysis with a catheter   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9750  | Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9751  | Patient died at any time during the 24-month measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9752  | Emergency surgery   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9753  | Documentation of medical reason for not conducting a search for dicom format images for prior patient ct imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9754  | A finding of an incidental pulmonary nodule   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9755  | Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s))   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9756  | Surgical procedures that included the use of silicone oil   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9757  | Surgical procedures that included the use of silicone oil   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9758  | Patient in hospice and in terminal phase  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9759  | History of preoperative posterior capsule rupture   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9760  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9761  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9762  | Patient had at least three hpv vaccines on or between the patient's 9th and 13th birthdays  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9763  | Patient did not have at least three hpv vaccines on or between the patient's 9th and 13th birthdays   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9764  | Patient has been treated with an oral systemic or biologic medication for psoriasis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9765  | Documentation that the patient declined therapy change, has documented contraindications, or has not been treated with an oral systemic or biologic for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by pga, bsa, pasi, or dlqi | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9766  | Patients who are transferred from one institution to another with a known diagnosis of cva for endovascular stroke treatment   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9767  | Hospitalized patients with newly diagnosed cva considered for endovascular stroke treatment  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9768  | Patients who utilize hospice services any time during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9769  | Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9770  | Peripheral nerve block (pnb)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9771  | At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9772  | Documentation of one of the following medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9773  | At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9774  | Patients who have had a hysterectomy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9775  | Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9776  | Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9777  | Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9778  | Patients who have a diagnosis of pregnancy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9779  | Patients who are breastfeeding   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9780  | Patients who have a diagnosis of rhabdomyolysis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9781  | Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease (esrd)) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9782  | History of or active diagnosis of familial or pure hypercholesterolemia   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9783  | Documentation of patients with diabetes who have a most recent fasting or direct ldl- c laboratory test result < 70 mg/dl and are not taking statin therapy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9784  | Pathologists/dermatopathologists providing a second opinion on a biopsy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9785  | Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 business days from the time when the tissue specimen was received by the pathologist   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9786  | Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 business days from the time when the tissue specimen was received by the pathologist   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9787  | Patient alive as of the last day of the measurement year  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9788  | Most recent bp is less than or equal to 140/90 mm hg  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9789  | Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported bp's (home and health fair bp results)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9790  | Most recent bp is greater than 140/90 mm hg, or blood pressure not documented   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9791  | Most recent tobacco status is tobacco free  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9792  | Most recent tobacco status is not tobacco free  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9793  | Patient is currently on a daily aspirin or other antiplatelet   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9794  | Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed or intra-cranial bleed or documentation of active anticoagulant use during the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9795  | Patient is not currently on a daily aspirin or other antiplatelet   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9796  | Patient is currently on a statin therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9797  | Patient is not on a statin therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9798  | Discharge(s) for ami between july 1 of the year prior measurement year to june 30 of the measurement period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9799  | Patients with a medication dispensing event indicator of a history of asthma any time during the patient's history through the end of the measure period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9800  | Patients who are identified as having an intolerance or allergy to beta-blocker therapy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9801  | Hospitalizations in which the patient was transferred directly to a non-acute care facility for any diagnosis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9802  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9803  | Patient prescribed a 180-day course of treatment with beta-blockers post discharge for ami  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9804  | Patient was not prescribed a 180-day course of treatment with beta-blockers post discharge for ami  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9805  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9806  | Patients who received cervical cytology or an hpv test  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9807  | Patients who did not receive cervical cytology or an hpv test   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9808  | Any patients who had no asthma controller medications dispensed during the measurement year   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9809  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9810  | Patient achieved a pdc of at least 75% for their asthma controller medication   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9811  | Patient did not achieve a pdc of at least 75% for their asthma controller medication  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9812  | Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9813  | Patient did not die within 30 days of the procedure or during the index hospitalization   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9814  | Death occurring during hospitalization  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9815  | Death did not occur during hospitalization  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9816  | Death occurring 30 days post procedure  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9817  | Death did not occur 30 days post procedure  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9818  | Documentation of sexual activity  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9819  | Patients who use hospice services any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9820  | Documentation of a chlamydia screening test with proper follow-up   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9821  | No documentation of a chlamydia screening test with proper follow-up  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9822  | Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9823  | Endometrial sampling or hysteroscopy with biopsy and results documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9824  | Endometrial sampling or hysteroscopy with biopsy and results not documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9825  | Her-2/neu negative or undocumented/unknown   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9826  | Patient transferred to practice after initiation of chemotherapy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9827  | Her2-targeted therapies not administered during the initial course of treatment  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9828  | Her2-targeted therapies administered during the initial course of treatment  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9829  | Breast adjuvant chemotherapy administered  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9830  | Her-2/neu positive   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9831  | Ajcc stage at breast cancer diagnosis = ii or iii  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9832  | Ajcc stage at breast cancer diagnosis = i (ia or ib) and t-stage at breast cancer diagnosis does not equal = t1, t1a, t1b  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9833  | Patient transfer to practice after initiation of chemotherapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9834  | Patient has metastatic disease at diagnosis  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9835  | Trastuzumab administered within 12 months of diagnosis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9836  | Reason for not administering trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation not complete) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9837  | Trastuzumab not administered within 12 months of diagnosis   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9838  | Patient has metastatic disease at diagnosis  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9839  | Anti-egfr monoclonal antibody therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9840  | Kras gene mutation testing performed before initiation of anti-egfr moab   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9841  | Kras gene mutation testing not performed before initiation of anti-egfr moab   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9842  | Patient has metastatic disease at diagnosis  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9843  | Kras gene mutation   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9844  | Patient did not receive anti-egfr monoclonal antibody therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9845  | Patient received anti-egfr monoclonal antibody therapy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9846  | Patients who died from cancer  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9847  | Patient received chemotherapy in the last 14 days of life  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9848  | Patient did not receive chemotherapy in the last 14 days of life   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9849  | Patients who died from cancer  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9850  | Patient had more than one emergency department visit in the last 30 days of life   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |



| Services that require Prior Authorization List |   |                     |                      |                   |               |
|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9851  | Patient had one or less emergency department visits in the last 30 days of life   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9852  | Patients who died from cancer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9853  | Patient admitted to the icu in the last 30 days of life   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9854  | Patient was not admitted to the icu in the last 30 days of life   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9855  | Patients who died from cancer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9856  | Patient was not admitted to hospice   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9857  | Patient admitted to hospice   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9858  | Patient enrolled in hospice   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9859  | Patients who died from cancer   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9860  | Patient spent less than three days in hospice care  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9861  | Patient spent greater than or equal to three days in hospice care   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9862  | Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, other medical reasons)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9868  | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes.   | No                  |                      |                   | MMP           |
| G9869  | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes   | No                  |                      |                   | MMP           |
| G9870  | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes.   | No                  |                      |                   | MMP           |
| G9873  | First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: 1. is furnished by an MDPP supplier during months 1 thru 6 of the MDPP services period; 2. is approximately 1 hour in length; and 3. adheres to a CDC-approved DPP curriculum for core sessions        | Not Covered         |                      |                   | MMP           |
| G9874  | Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: 1 is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for core sessions | Not Covered         |                      |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|---|---------------------|-----|-------------------|---------------|
| G9875 | Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: 1 is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for core sessions   | Not Covered         |     |                   | MMP           |
| G9876 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that; 1 is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.   | Not Covered         |     |                   | MMP           |
| G9877 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that; 1 is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions. | Not Covered         |     |                   | MMP           |
| G9878 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions   | Not Covered         |     |                   | MMP           |
| G9879 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions   | Not Covered         |     |                   | MMP           |
| G9880 | The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.   | Not Covered         |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|---|---------------------|-----|-------------------|---------------|
| G9881 | The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 of the MDPP services period under the MDPP Expanded Model (EM). This is a one time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance sessions.                                  | Not Covered         |     |                   | MMP           |
| G9882 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions. | Not Covered         |     |                   | MMP           |
| G9883 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions. | Not Covered         |     |                   | MMP           |
| G9884 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions. | Not Covered         |     |                   | MMP           |
| G9885 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP Model (EM). An ongoing maintenance sessions is an MDPP service that: 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9890  | Bridge Payment: A one time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary. | Not Covered         |                      |                   | MMP           |
| G9891  | MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This is for reporting purposes only)     | Not Covered         |                      |                   | MMP           |
| G9893  | Dilated macular exam was not performed, reason not otherwise specified   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9894  | Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9895  | Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9896  | Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9897  | Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9898  | Patient age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9899  | Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results documented and reviewed  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9900  | Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9901  | Patient age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 any time during the measurement period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9902  | Patient screened for tobacco use and identified as a tobacco user  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9903  | Patient screened for tobacco use and identified as a tobacco non-user  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9904  | Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9905  | Patient not screened for tobacco use, reason not given   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9906  | Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9907  | Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)                                  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9908  | Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given                                    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9909  | Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (eg, limited life expectancy, other medical reason)    | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9910  | Patients age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 anytime during the measurement period | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9911  | Clinically node negative (t1n0m0 or t2n0m0) invasive breast cancer before or after neoadjuvant systemic therapy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9912  | Hepatitis b virus (hbv) status assessed and results interpreted prior to initiating anti-tnf (tumor necrosis factor) therapy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9913  | Hepatitis b virus (hbv) status not assessed and results interpreted prior to initiating anti-tnf (tumor necrosis factor) therapy, reason not given                         | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9914  | Patient receiving an anti-tnf agent  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9915  | No record of hbv results documented  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9916  | Functional status performed once in the last 12 months   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9917  | Documentation of medical reason(s) for not performing functional status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason)      | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9918  | Functional status not performed, reason not otherwise specified  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9919  | Screening performed and positive and provision of recommendations  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9920  | Screening performed and negative   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9921  | No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified                              | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9922  | Safety concerns screen provided and if positive then documented mitigation recommendations   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9923  | Safety concerns screen provided and negative   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9924  | Documentation of medical reason(s) for not providing safety concerns screen or for not providing recommendations, orders or referrals for positive screen (e.g., patient in palliative care, other medical reason) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9925  | Safety concerns screening not provided, reason not otherwise specified   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9926  | Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9927  | Documentation of system reason(s) for not prescribing warfarin or another fda-approved anticoagulation due to patient being currently enrolled in a clinical trial related to af/atrial flutter treatment          | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9928  | Warfarin or another fda-approved anticoagulant not prescribed, reason not given  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9929  | Patient with transient or reversible cause of af (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9930  | Patients who are receiving comfort care only   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9931  | Documentation of cha2ds2-vasc risk score of 0 or 1   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9932  | Documentation of patient reason(s) for not having records of negative or managed positive tb screen (e.g., patient does not return for mantoux (ppd) skin test evaluation)   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9933  | Adenoma(s) or colorectal cancer detected during screening colonoscopy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9934  | Documentation that neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9935  | Adenoma(s) or colorectal cancer not detected during screening colonoscopy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9936  | Surveillance colonoscopy - personal history of colonic polyps, colon cancer, or other malignant neoplasm of rectum, rectosigmoid junction, and anus  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9937  | Diagnostic colonoscopy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9938  | Patients age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 any time during the measurement period                                       | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9939  | Pathologists/dermatopathologists is the same clinician who performed the biopsy  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9940  | Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene rx, esrd, cirrhosis, muscular pain and disease during the measurement period or prior year)            | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9941  | Back pain was measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9942  | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9943  | Back pain was not measured by the visual analog scale (vas) within three months preoperatively and at three months ( 6 - 20 weeks) postoperatively   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9944  | Back pain was measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9945  | Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9946  | Back pain was not measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9947  | Leg pain was measured by the visual analog scale (vas) within three months preoperatively and at three months (6 to 20 weeks) postoperatively  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9948  | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9949  | Leg pain was not measured by the visual analog scale (vas) within three months preoperatively and at three months (6 to 20 weeks) postoperatively  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9954  | Patient exhibits 2 or more risk factors for post-operative vomiting  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9955  | Cases in which an inhalational anesthetic is used only for induction   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9956  | Patient received combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9957  | Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason) | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9958  | Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9959  | Systemic antimicrobials not prescribed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9960  | Documentation of medical reason(s) for prescribing systemic antimicrobials   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9961  | Systemic antimicrobials prescribed   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                      |                   |               |
|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| G9962  | Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy        | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9963  | Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9964  | Patient received at least one well-child visit with a pcp during the performance period  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9965  | Patient did not receive at least one well-child visit with a pcp during the performance period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9966  | Children who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9967  | Children who were not screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9968  | Patient was referred to another provider or specialist during the performance period   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9969  | Provider who referred the patient to another provider received a report from the provider to whom the patient was referred   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9970  | Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9974  | Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9975  | Documentation of medical reason(s) for not performing a dilated macular examination  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9976  | Documentation of patient reason(s) for not performing a dilated macular examination  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9977  | Dilated macular exam was not performed, reason not otherwise specified   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9978  | Remote in-home visit for the evaluation and  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9979  | Remote in-home visit for the evaluation and  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9980  | Remote in-home visit for the evaluation and  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9981  | Remote E/M new pt 45mins   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9982  | Remote E/M new pt 60mins   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9983  | Remote E/M est. pt 10mins  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9984  | Remote E/M est. pt 15mins  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9985  | Remote E/M est. pt 25mins  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9986  | Remote E/M est. pt 40mins  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| G9987  | Bundled Payments for Care Improvement A  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| H1000  | Prenatal care, at-risk assessment  | Not Covered         |                      |                   | MMP           |
| H1001  | Prenatal care, at-risk enhanced service; antepartum management   | Not Covered         |                      |                   | MMP           |
| H1002  | Prenatal care, at risk enhanced service; care coordination   | Not Covered         |                      |                   | MMP           |
| H1003  | Prenatal care, at-risk enhanced service; education   | Not Covered         |                      |                   | MMP           |
| H1004  | Prenatal care, at-risk enhanced service; follow-up home visit  | Not Covered         |                      |                   | MMP           |



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|--|---|---------------------|-----------------------|-------------------|---------------|
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| H1005  | Prenatal care, at-risk enhanced service package (includes H1001-H1004)                  | Not Covered         |                       |                   | MMP           |
| H1010  | NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION                                      | Not Covered         |                       |                   | MMP           |
| H2000  | Comprehensive multidisciplinary evaluation  | No                  |                       |                   | MMP           |
| H2001  | Rehabilitation program, per 1/2 day   | Yes                 |                       |                   | MMP           |
| J0120  | INJECTION, TETRACYCLINE, UP TO 250 MG   | No                  |                       |                   | MMP           |
| J0129  | INJECTION, ABATACEPT, PER 10 MG   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J0130  | INJECTION ABCIXIMAB, 10 MG  | No                  |                       |                   | MMP           |
| J0131  | INJECTION, ACETAMINOPHEN, 10 MG   | No                  |                       |                   | MMP           |
| J0132  | INJECTION, ACETYLCYSTEINE, 100 MG   | No                  |                       |                   | MMP           |
| J0133  | INJECTION, ACYCLOVIR, 5 MG  | No                  |                       |                   | MMP           |
| J0135  | INJECTION, ADALIMUMAB, 20 MG  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J0153  | Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) | No                  |                       |                   | MMP           |
| J0171  | INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG   | No                  |                       |                   | MMP           |
| J0178  | INJECTION, AFLIBERCEPT, 1 mg  | No                  |                       |                   | MMP           |
| J0180  | INJECTION, AGALSIDASE BETA, 1 MG  | No                  |                       |                   | MMP           |
| J0190  | INJECTION, BIPERIDEN LACTATE, PER 5 MG  | No                  |                       |                   | MMP           |
| J0200  | INJECTION, ALATROFLOXACIN MESYLATE, 100 MG  | No                  |                       |                   | MMP           |
| J0202  | Injection, alemtuzumab, 1 mg  | No                  |                       |                   | MMP           |
| J0205  | INJECTION, ALGLUCERASE, PER 10 UNITS  | Yes                 |                       |                   | MMP           |
| J0207  | INJECTION, AMIFOSTINE, 500 MG   | No                  |                       |                   | MMP           |
| J0210  | INJECTION, METHYLDOPATE HCL, UP TO 250 MG   | No                  |                       |                   | MMP           |
| J0215  | INJECTION, ALEFACEPT, 0.5 MG  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J0220  | INJECTION, AGLUCOSIDASE ALFA, 10 MG   | Yes                 |                       |                   | MMP           |
| J0221  | INJECTION, AGLUCOSIDASE ALFA, (LUMIZYME), 10 MG   | No                  |                       |                   | MMP           |
| J0256  | INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG                                | No                  |                       |                   | MMP           |
| J0257  | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG                       | No                  |                       |                   | MMP           |
| J0270  | INJECTION, ALPROSTADIL, 1.25 MCG  | No                  |                       |                   | MMP           |
| J0275  | ALPROSTADIL URETHRAL SUPPOSITORY  | No                  |                       |                   | MMP           |
| J0278  | INJECTION, AMIKACIN SULFATE, 100 MG   | No                  |                       |                   | MMP           |
| J0280  | INJECTION, AMINOPHYLLIN, UP TO 250 MG   | No                  |                       |                   | MMP           |
| J0282  | INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG  | No                  |                       |                   | MMP           |
| J0285  | INJECTION, AMPHOTERICIN B, 50 MG  | No                  |                       |                   | MMP           |
| J0287  | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG  | No                  |                       |                   | MMP           |
| J0288  | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG                            | No                  |                       |                   | MMP           |
| J0289  | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG   | No                  |                       |                   | MMP           |
| J0290  | INJECTION, AMPICILLIN SODIUM, 500 MG  | No                  |                       |                   | MMP           |
| J0295  | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM                               | No                  |                       |                   | MMP           |

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| J0300  | INJECTION, AMOBARBITAL, UP TO 125 MG   | No                  |                       |                   | MMP           |
| J0330  | INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG                                 | No                  |                       |                   | MMP           |
| J0348  | INJECTION, ANADULAFUNGIN, 1 MG   | No                  |                       |                   | MMP           |
| J0350  | INJECTION, ANISTREPLASE, PER 30 UNITS  | No                  |                       |                   | MMP           |
| J0360  | INJECTION, HYDRALAZINE HCL, UP TO 20 MG  | No                  |                       |                   | MMP           |
| J0364  | INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG                                       | No                  |                       |                   | MMP           |
| J0365  | INJECTION, APROTONIN, 10,000 KIU   | No                  |                       |                   | MMP           |
| J0380  | INJECTION, METARAMINOL BITARTRATE, PER 10 MG                                     | No                  |                       |                   | MMP           |
| J0390  | INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG                               | No                  |                       |                   | MMP           |
| J0395  | INJECTION, ARBUTAMINE HCL, 1 MG  | No                  |                       |                   | MMP           |
| J0400  | INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG                                   | No                  |                       |                   | MMP           |
| J0401  | Injection, aripiprazole, extended release, 1 mg                                  | No                  |                       |                   | MMP           |
| J0456  | INJECTION, AZITHROMYCIN, 500 MG  | No                  |                       |                   | MMP           |
| J0461  | INJECTION, ATROPINE SULFATE, 0.01 MG   | No                  |                       |                   | MMP           |
| J0470  | INJECTION, DIMERCAPROL, PER 100 MG   | No                  |                       |                   | MMP           |
| J0475  | INJECTION, BACLOFEN, 10 MG   | No                  |                       |                   | MMP           |
| J0476  | INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL                                | No                  |                       |                   | MMP           |
| J0480  | INJECTION, BASILIXIMAB, 20 MG  | No                  |                       |                   | MMP           |
| J0485  | Injection, belatacept, 1 mg  | No                  |                       |                   | MMP           |
| J0490  | INJECTION, BELIMUMAB, 10 MG  | No                  |                       |                   | MMP           |
| J0500  | INJECTION, DICYCLOMINE HCL, UP TO 20 MG  | No                  |                       |                   | MMP           |
| J0515  | INJECTION, BENZTROPINE MESYLATE, PER 1 MG  | No                  |                       |                   | MMP           |
| J0520  | INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG           | No                  |                       |                   | MMP           |
| J0558  | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS      | No                  |                       |                   | MMP           |
| J0561  | INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS                                | No                  |                       |                   | MMP           |
| J0565  | Injection, bezlotoxumab, 10 mg   | Yes                 |                       |                   | MMP           |
| J0570  | Buprenorphine implant, 74.2 mg   | No                  |                       |                   | MMP           |
| J0571  | Buprenorphine, oral, 1 mg  | No                  |                       |                   | MMP           |
| J0572  | Buprenorphine/naloxone, oral, less than or equal to 3 mg                         | No                  |                       |                   | MMP           |
| J0573  | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg  | No                  |                       |                   | MMP           |
| J0574  | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg | No                  |                       |                   | MMP           |
| J0575  | Buprenorphine/naloxone, oral, greater than 10 mg                                 | No                  |                       |                   | MMP           |
| J0583  | INJECTION, BIVALIRUDIN, 1 MG   | No                  |                       |                   | MMP           |
| J0585  | BOTULINUM TOXIN TYPE A, PER UNIT   | Yes                 | <a href="#">RMT/*</a> |                   | MMP           |
| J0586  | INJECTION, ABOBOTULINUMTOXINA, 5 UNITS   | Yes                 | <a href="#">RMT/*</a> |                   | MMP           |
| J0587  | BOTULINUM TOXIN TYPE B, PER 100 UNITS  | No                  |                       |                   | MMP           |
| J0588  | INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT  | No                  |                       |                   | MMP           |
| J0592  | INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG                                   | No                  |                       |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J0594  | INJECTION, BUSULFAN, 1 MG  | No                  |     |                   | MMP           |
| J0595  | INJECTION, BUTORPHANOL TARTRATE, 1 MG  | No                  |     |                   | MMP           |
| J0596  | Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units   | No                  |     |                   | MMP           |
| J0597  | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS  | No                  |     |                   | MMP           |
| J0598  | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS   | No                  |     |                   | MMP           |
| J0600  | INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG   | No                  |     |                   | MMP           |
| J0604  | Cinacalcet, oral, 1 mg, (for esrd on dialysis)   | No                  |     |                   | MMP           |
| J0606  | Injection, etelcalcetide, 0.1 mg   | Yes                 |     |                   | MMP           |
| J0610  | INJECTION, CALCIUM GLUCONATE, PER 10 ML  | No                  |     |                   | MMP           |
| J0620  | INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML   | No                  |     |                   | MMP           |
| J0630  | INJECTION, CALCITONIN SALMON, UP TO 400 UNITS  | No                  |     |                   | MMP           |
| J0636  | INJECTION, CALCITRIOL, 0.1 MCG   | No                  |     |                   | MMP           |
| J0637  | INJECTION, CASPOFUNGIN ACETATE, 5 MG   | No                  |     |                   | MMP           |
| J0638  | INJECTION, CANAKINUMAB, 1 MG   | No                  |     |                   | MMP           |
| J0640  | INJECTION, LEUCOVORIN CALCIUM, PER 50 MG   | No                  |     |                   | MMP           |
| J0641  | INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG  | No                  |     |                   | MMP           |
| J0670  | INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML  | No                  |     |                   | MMP           |
| J0690  | INJECTION, CEFAZOLIN SODIUM, 500 MG  | No                  |     |                   | MMP           |
| J0692  | INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG  | No                  |     |                   | MMP           |
| J0694  | INJECTION, CEFOXITIN SODIUM, 1 GM  | No                  |     |                   | MMP           |
| J0695  | Injection, ceftolozane 50 mg and tazobactam 25 mg  | No                  |     |                   | MMP           |
| J0696  | INJECTION, CEFTRIAXONE SODIUM, PER 250 MG  | No                  |     |                   | MMP           |
| J0697  | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG   | No                  |     |                   | MMP           |
| J0698  | INJECTION, CEFOTAXIME SODIUM, PER GM   | No                  |     |                   | MMP           |
| J0702  | INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG  | No                  |     |                   | MMP           |
| J0706  | INJECTION, CAFFEINE CITRATE, 5MG   | No                  |     |                   | MMP           |
| J0710  | INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM   | No                  |     |                   | MMP           |
| J0712  | INJECTION, CEFTAROLINE FOSAMIL, 10 MG  | No                  |     |                   | MMP           |
| J0713  | INJECTION, CEFTAZIDIME, PER 500 MG   | No                  |     |                   | MMP           |
| J0714  | Injection, ceftazidime and avibactam, 0.5 g/0.125 g  | No                  |     |                   | MMP           |
| J0715  | INJECTION, CEFTIZOXIME SODIUM, PER 500 MG  | No                  |     |                   | MMP           |
| J0716  | Injection, centruiroides immune f(ab)2, up to 120 milligrams   | No                  |     |                   | MMP           |
| J0717  | Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | No                  |     |                   | MMP           |

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|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J0720  | INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM           | No                  |     |                   | MMP           |
| J0725  | INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS            | No                  |     |                   | MMP           |
| J0735  | INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG                          | No                  |     |                   | MMP           |
| J0740  | INJECTION, CIDOFOVIR, 375 MG                                      | No                  |     |                   | MMP           |
| J0743  | INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG                | No                  |     |                   | MMP           |
| J0744  | INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG         | Yes                 |     |                   | MMP           |
| J0745  | INJECTION, CODEINE PHOSPHATE, PER 30 MG                           | No                  |     |                   | MMP           |
| J0770  | INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG                    | No                  |     |                   | MMP           |
| J0775  | INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG         | No                  |     |                   | MMP           |
| J0780  | INJECTION, PROCHLORPERAZINE, UP TO 10 MG                          | No                  |     |                   | MMP           |
| J0795  | INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM             | No                  |     |                   | MMP           |
| J0800  | INJECTION, CORTICOTROPIN, UP TO 40 UNITS                          | No                  |     |                   | MMP           |
| J0833  | INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG          | No                  |     |                   | MMP           |
| J0834  | INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG                       | No                  |     |                   | MMP           |
| J0840  | INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM | No                  |     |                   | MMP           |
| J0875  | Injection, dalbavancin, 5mg                                       | No                  |     |                   | MMP           |
| J0878  | INJECTION, DAPTOMYCIN, 1 MG                                       | No                  |     |                   | MMP           |
| J0881  | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)           | No                  |     |                   | MMP           |
| J0882  | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD OM DIALYSIS)   | No                  |     |                   | MMP           |
| J0883  | Injection, argatroban, 1 mg (for non-esrd use)                    | No                  |     |                   | MMP           |
| J0884  | Injection, argatroban, 1 mg (for esrd on dialysis)                | No                  |     |                   | MMP           |
| J0885  | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS           | No                  |     |                   | MMP           |
| J0886  | INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)        | No                  |     |                   | MMP           |
| J0887  | Injection, epoetin beta, 1 microgram, (for esrd on dialysis)      | No                  |     |                   | MMP           |
| J0888  | Injectin, epoetin beta, 1 microgram, (for non esrd use)           | No                  |     |                   | MMP           |
| J0890  | Injection, peginesatide, 0. 1 mg (for esrd on dialysis)           | No                  |     |                   | MMP           |
| J0894  | INJECTION, DECITABINE, 1 MG                                       | No                  |     |                   | MMP           |
| J0895  | INJECTION, DEFEROXAMINE MESYLATE, 500 MG                          | No                  |     |                   | MMP           |
| J0897  | INJECTION, DENOSUMAB, 1 MG  | No                  |     |                   | MMP           |
| J0945  | INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG                     | No                  |     |                   | MMP           |
| J1000  | INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG                   | No                  |     |                   | MMP           |
| J1020  | INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG                      | No                  |     |                   | MMP           |
| J1030  | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG                      | No                  |     |                   | MMP           |
| J1040  | INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG                      | No                  |     |                   | MMP           |

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| Code   | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J1050  | Injection, medroxyprogesterone acetate, 1 mg     | No                  |     |                   | MMP           |
| J1071  | Injection, testosterone cypionate, 1mg           | No                  |     |                   | MMP           |
| J1094  | INJECTION, DEXAMETHASONE ACETATE, 1 MG           | No                  |     |                   | MMP           |
| J1100  | INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG   | No                  |     |                   | MMP           |
| J1110  | INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG  | No                  |     |                   | MMP           |
| J1120  | INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG    | No                  |     |                   | MMP           |
| J1130  | Injection, diclofenac sodium, 0.5 mg             | No                  |     |                   | MMP           |
| J1160  | INJECTION, DIGOXIN, UP TO 0.5 MG                 | No                  |     |                   | MMP           |
| J1162  | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL  | No                  |     |                   | MMP           |
| J1165  | INJECTION, PHENYTOIN SODIUM, PER 50 MG           | No                  |     |                   | MMP           |
| J1170  | INJECTION, HYDROMORPHONE, UP TO 4 MG             | No                  |     |                   | MMP           |
| J1180  | INJECTION, DYPHYLLINE, UP TO 500 MG              | No                  |     |                   | MMP           |
| J1190  | INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG | No                  |     |                   | MMP           |
| J1200  | INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG      | No                  |     |                   | MMP           |
| J1205  | INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG     | No                  |     |                   | MMP           |
| J1212  | INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML  | No                  |     |                   | MMP           |
| J1240  | INJECTION, DIMENHYDRINATE, UP TO 50 MG           | No                  |     |                   | MMP           |
| J1245  | INJECTION, DIPYRIDAMOLE, PER 10 MG               | No                  |     |                   | MMP           |
| J1250  | INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG  | No                  |     |                   | MMP           |
| J1260  | INJECTION, DOLASETRON MESYLATE, 10 MG            | No                  |     |                   | MMP           |
| J1265  | INJECTION, DOPAMINE HCL, 40 MG                   | No                  |     |                   | MMP           |
| J1267  | INJECTION, DORIPENEM, 10 MG                      | No                  |     |                   | MMP           |
| J1270  | INJECTION, DOXERCALCIFEROL, 1 MCG                | No                  |     |                   | MMP           |
| J1290  | INJECTION, ECALLANTIDE, 1 MG                     | No                  |     |                   | MMP           |
| J1300  | INJECTION, ECULIZUMAB, 10 MG                     | No                  |     |                   | MMP           |
| J1320  | INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG        | No                  |     |                   | MMP           |
| J1322  | Injection, elosulfase alfa, 1mg                  | Yes                 |     |                   | MMP           |
| J1324  | INJECTION, ENFUVIRTIDE, 1 MG                     | No                  |     |                   | MMP           |
| J1325  | INJECTION, EPOPROSTENOL, 0.5 MG                  | No                  |     |                   | MMP           |
| J1327  | INJECTION, EPTIFIBATIDE, 5 MG                    | No                  |     |                   | MMP           |
| J1330  | INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG      | No                  |     |                   | MMP           |
| J1335  | INJECTION, ERTAPENEM SODIUM, 500 MG              | No                  |     |                   | MMP           |
| J1364  | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG | No                  |     |                   | MMP           |
| J1380  | INJECTION, ESTRADIOL VALERATE, UP TO 10 MG       | No                  |     |                   | MMP           |
| J1410  | INJECTION, ESTROGEN CONJUGATED, PER 25 MG        | No                  |     |                   | MMP           |
| J1428  | Injection, eteplirsen, 10 mg                     | Yes                 |     |                   | MMP           |
| J1430  | INJECTION, ETHANOLAMINE OLEATE, 100 MG           | No                  |     |                   | MMP           |
| J1435  | INJECTION, ESTRONE, PER 1 MG                     | No                  |     |                   | MMP           |
| J1436  | INJECTION, ETIDRONATE DISODIUM, PER 300 MG       | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J1438  | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMIN UNDER DIRECT SUPERVI OF A PHYSICIAN, NOT SELF ADMINIS | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1439  | Injection, ferric carboxymaltose, 1mg   | No                  |                       |                   | MMP           |
| J1442  | Injection, filgrastim (g-csf), 1 microgram  | No                  |                       |                   | MMP           |
| J1443  | Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron  | No                  |                       |                   | MMP           |
| J1447  | Injection, tbo-filgrastim, 1 microgram  | No                  |                       |                   | MMP           |
| J1450  | INJECTION FLUCONAZOLE, 200 MG   | No                  |                       |                   | MMP           |
| J1451  | INJECTION, FOMEPIZOLE, 15 MG  | No                  |                       |                   | MMP           |
| J1452  | INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG  | No                  |                       |                   | MMP           |
| J1453  | INJECTION, FOSAPREPITANT, 1 MG  | No                  |                       |                   | MMP           |
| J1455  | INJECTION, FOSCARNET SODIUM, PER 1000 MG  | No                  |                       |                   | MMP           |
| J1457  | INJECTION, GALLIUM NITRATE, 1 MG  | No                  |                       |                   | MMP           |
| J1458  | NJECTION, GALSULFASE, 1 MG  | No                  |                       |                   | MMP           |
| J1459  | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG   | No                  |                       |                   | MMP           |
| J1460  | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC  | No                  |                       |                   | MMP           |
| J1555  | Injection, immune globulin (cuvitru), 100 mg  | No                  |                       |                   | MMP           |
| J1556  | Injection, immune globulin (bivigam), 500 mg  | No                  |                       |                   | MMP           |
| J1557  | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG                                       | No                  |                       |                   | MMP           |
| J1559  | INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG   | No                  |                       |                   | MMP           |
| J1560  | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC  | No                  |                       |                   | MMP           |
| J1561  | INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG   | No                  |                       |                   | MMP           |
| J1562  | INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1566  | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG                               | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1568  | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG   | No                  |                       |                   | MMP           |
| J1569  | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG                               | No                  |                       |                   | MMP           |
| J1570  | INJECTION, GANCICLOVIR SODIUM, 500 MG   | No                  |                       |                   | MMP           |
| J1571  | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML   | No                  |                       |                   | MMP           |
| J1572  | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG                                      | No                  |                       |                   | MMP           |
| J1573  | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML   | No                  |                       |                   | MMP           |
| J1575  | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin   | No                  |                       |                   | MMP           |
| J1580  | INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG   | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J1595  | INJECTION, GLATIRAMER ACETATE, 20 MG  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1599  | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1600  | INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG  | No                  |                       |                   | MMP           |
| J1602  | Injection, golimumab, 1 mg, for intravenous use   | No                  |                       |                   | MMP           |
| J1610  | INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG   | No                  |                       |                   | MMP           |
| J1620  | INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG   | No                  |                       |                   | MMP           |
| J1626  | INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG   | No                  |                       |                   | MMP           |
| J1627  | Injection, granisetron, extended-release, 0.1 mg  | No                  |                       |                   | MMP           |
| J1630  | INJECTION, HALOPERIDOL, UP TO 5 MG  | No                  |                       |                   | MMP           |
| J1631  | INJECTION, HALOPERIDOL DECANOATE, PER 50 MG   | No                  |                       |                   | MMP           |
| J1640  | INJECTION, HEMIN, 1 MG  | No                  |                       |                   | MMP           |
| J1642  | INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS   | No                  |                       |                   | MMP           |
| J1644  | HEPARIN SODIUM, PER 1000U IN  | No                  |                       |                   | MMP           |
| J1645  | INJECTION, DALTEPARIN SODIUM, PER 2500 IU   | No                  |                       |                   | MMP           |
| J1650  | INJECTION, ENOXAPARIN SODIUM, 10 MG   | No                  |                       |                   | MMP           |
| J1652  | INJECTION, FONDAPARINUX SODIUM, 0.5 MG  | No                  |                       |                   | MMP           |
| J1655  | INJECTION, TINZAPARIN SODIUM, 1000 IU   | No                  |                       |                   | MMP           |
| J1670  | INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS  | No                  |                       |                   | MMP           |
| J1675  | INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS   | No                  |                       |                   | MMP           |
| J1700  | INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG  | No                  |                       |                   | MMP           |
| J1710  | INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG   | No                  |                       |                   | MMP           |
| J1720  | INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG  | No                  |                       |                   | MMP           |
| J1726  | Injection, hydroxyprogesterone caproate, (makena), 10 mg  | Yes                 |                       |                   | MMP           |
| J1729  | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg                                 | Yes                 |                       |                   | MMP           |
| J1730  | INJECTION, DIAZOXIDE, UP TO 300 MG  | No                  |                       |                   | MMP           |
| J1740  | INJECTION, IBANDRONATE SODIUM, 1 MG   | No                  |                       |                   | MMP           |
| J1741  | Injection, ibuprofen, 100 mg  | No                  |                       |                   | MMP           |
| J1742  | INJECTION, IBUTILIDE FUMARATE, 1 MG   | No                  |                       |                   | MMP           |
| J1743  | INJECTION, IDURSULFASE, 1 MG  | No                  |                       |                   | MMP           |
| J1744  | Injection, icanitbant, 1 mg   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1745  | INJECTION, INFLIXIMAB, 10 MG  | Yes                 |                       |                   | MMP           |
| J1750  | INJECTION, IRON DEXTRAN, 50 MG  | No                  |                       |                   | MMP           |
| J1756  | INJECTION, IRON SUCROSE, 1 MG   | No                  |                       |                   | MMP           |
| J1786  | INJECTION, IMIGLUCERASE, 10 UNITS   | No                  |                       |                   | MMP           |
| J1790  | INJECTION, DROPERIDOL, UP TO 5 MG   | No                  |                       |                   | MMP           |
| J1800  | INJECTION, PROPRANOLOL HCL, UP TO 1 MG  | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |                       |                   |               |
|--|---|---------------------|-----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J1810  | INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE   | No                  |                       |                   | MMP           |
| J1815  | INJECTION, INSULIN, PER 5 UNITS   | No                  |                       |                   | MMP           |
| J1826  | INJECTION, INTERFERON BETA-1A, 30 MCG   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1830  | INJECTION, INTERFERON BETA-LB, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMIN UNDER DIRECT SUPERV OF PHYS, NOT SELF ADMIN | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J1833  | Injection, isavuconazonium, 1 mg  | No                  |                       |                   | MMP           |
| J1835  | INJECTION, ITRACONAZOLE, 50 MG  | No                  |                       |                   | MMP           |
| J1840  | INJECTION, KANAMYCIN SULFATE, UP TO 500 MG  | No                  |                       |                   | MMP           |
| J1850  | INJECTION, KANAMYCIN SULFATE, UP TO 75 MG   | No                  |                       |                   | MMP           |
| J1885  | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG  | No                  |                       |                   | MMP           |
| J1890  | INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM   | No                  |                       |                   | MMP           |
| J1930  | INJECTION, LANREOTIDE, 1 MG   | No                  |                       |                   | MMP           |
| J1931  | INJECTION, LARONIDASE, 0.1 MG   | No                  |                       |                   | MMP           |
| J1940  | INJECTION, FUROSEMIDE, UP TO 20 MG  | No                  |                       |                   | MMP           |
| J1942  | Injection, aripiprazole lauroxil, 1 mg  | No                  |                       |                   | MMP           |
| J1945  | INJECTION, LEPIRUDIN, 50 MG   | No                  |                       |                   | MMP           |
| J1950  | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG   | No                  | *                     |                   | MMP           |
| J1953  | INJECTION, LEVETIRACETAM, 10 MG   | No                  |                       |                   | MMP           |
| J1955  | INJECTION, LEVOCARNITINE, PER 1 GM  | No                  |                       |                   | MMP           |
| J1956  | INJECTION, LEVOFLOXACIN, 250 MG   | No                  |                       |                   | MMP           |
| J1960  | INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG   | No                  |                       |                   | MMP           |
| J1980  | INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG   | No                  |                       |                   | MMP           |
| J1990  | INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG   | No                  |                       |                   | MMP           |
| J2001  | INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG  | No                  |                       |                   | MMP           |
| J2010  | INJECTION, LINCOMYCIN HCL, UP TO 300 MG   | No                  |                       |                   | MMP           |
| J2020  | INJECTION, LINEZOLID, 200MG   | No                  |                       |                   | MMP           |
| J2060  | INJECTION, LORAZEPAM, 2 MG  | No                  |                       |                   | MMP           |
| J2150  | INJECTION, MANNITOL, 25% IN 50 ML   | No                  |                       |                   | MMP           |
| J2170  | INJECTION, MECASERMIN, 1 MG   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J2175  | INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG   | No                  |                       |                   | MMP           |
| J2180  | INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG   | No                  |                       |                   | MMP           |
| J2182  | Injection, mepolizumab, 1 mg  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J2185  | INJECTION, MEROPENEM, 100 MG  | No                  |                       |                   | MMP           |
| J2210  | INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG   | No                  |                       |                   | MMP           |
| J2212  | Injection, methylnaltrexone, 0. 1 mg  | No                  |                       |                   | MMP           |
| J2248  | INJECTION, MICA FUNGIN SODIUM, 1 MG   | No                  |                       |                   | MMP           |
| J2250  | INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG  | No                  |                       |                   | MMP           |
| J2260  | INJECTION, MILRINONE LACTATE, 5 MG  | No                  |                       |                   | MMP           |
| J2265  | INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG  | No                  |                       |                   | MMP           |
| J2270  | INJECTION, MORPHINE SULFATE, UP TO 10 MG  | No                  |                       |                   | MMP           |



| Services that require Prior Authorization List |  |                     |                       |                   |               |
|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J2274  | Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg | No                  |                       |                   | MMP           |
| J2278  | INJECTION, ZICONOTIDE, 1 MICROGRAM   | No                  |                       |                   | MMP           |
| J2280  | INJECTION, MOXIFLOXACIN, 100 MG  | No                  |                       |                   | MMP           |
| J2300  | INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG                                       | No                  |                       |                   | MMP           |
| J2310  | INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG  | No                  |                       |                   | MMP           |
| J2315  | INJECTION, NALTREXONE, DEPOT FORM, 1 MG  | No                  |                       |                   | MMP           |
| J2320  | INJECTION, NANDROLONE DECANOATE, UP TO 50 MG   | No                  |                       |                   | MMP           |
| J2323  | INJECTION, NATALIZUMAB, 1 MG   | No                  |                       |                   | MMP           |
| J2325  | INJECTION, NESIRITIDE, 0.1 MG  | No                  |                       |                   | MMP           |
| J2326  | Injection, nusinersen, 0.1 mg  | Yes                 |                       |                   | MMP           |
| J2350  | Injection, ocrelizumab, 1 mg   | No                  |                       |                   | MMP           |
| J2353  | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG                  | No                  |                       |                   | MMP           |
| J2354  | INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS                | No                  |                       |                   | MMP           |
| J2355  | INJECTION, OPRELVEKIN, 5 MG  | No                  |                       |                   | MMP           |
| J2357  | INJECTION, OMALIZUMAB, 5 MG  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J2358  | INJECTION, OLANZAPINE, LONG-ACTING, 1 MG   | No                  |                       |                   | MMP           |
| J2360  | INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG   | No                  |                       |                   | MMP           |
| J2370  | INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML   | No                  |                       |                   | MMP           |
| J2400  | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML                                   | No                  |                       |                   | MMP           |
| J2405  | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG                                       | No                  |                       |                   | MMP           |
| J2407  | Injection, oritavancin, 10 mg  | No                  |                       |                   | MMP           |
| J2410  | INJECTION, OXYMORPHONE HCL, UP TO 1 MG   | No                  |                       |                   | MMP           |
| J2425  | INJECTION, PALIFERMIN, 50 MICROGRAMS   | No                  |                       |                   | MMP           |
| J2426  | INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG                             | No                  |                       |                   | MMP           |
| J2430  | INJECTION, PAMIDRONATE DISODIUM, PER 30 MG   | No                  |                       |                   | MMP           |
| J2440  | INJECTION, PAPAVERINE HCL, UP TO 60 MG   | No                  |                       |                   | MMP           |
| J2460  | INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG  | No                  |                       |                   | MMP           |
| J2469  | INJECTION, PALONOSETRON HCL, 25 MCG  | No                  |                       |                   | MMP           |
| J2501  | INJECTION, PARICALCITOL, 1 MCG   | No                  |                       |                   | MMP           |
| J2502  | Injection, pasireotide long acting, 1 mg   | Yes                 |                       |                   | MMP           |
| J2503  | INJECTION, PEGAPTANIB SODIUM, 0.3 MG   | No                  |                       |                   | MMP           |
| J2504  | INJECTION, PEGADEMASE BOVINE, 25 IU  | No                  |                       |                   | MMP           |
| J2505  | INJECTION, PEGFILGRASTIM, 6 MG   | No                  |                       |                   | MMP           |
| J2507  | INJECTION, PEGLOTICASE, 1 MG   | No                  |                       |                   | MMP           |
| J2510  | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS                       | No                  |                       |                   | MMP           |
| J2513  | INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML   | No                  |                       |                   | MMP           |
| J2515  | INJECTION, PENTOBARBITAL SODIUM, PER 50 MG   | No                  |                       |                   | MMP           |
| J2540  | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS                               | No                  |                       |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                       |                   |               |
|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J2543  | INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS   | Yes                 |                       |                   | MMP           |
| J2545  | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG | No                  |                       |                   | MMP           |
| J2547  | Injection, peramivir, 1 mg   | No                  |                       |                   | MMP           |
| J2550  | INJECTION, PROMETHAZINE HCL, UP TO 50 MG   | No                  |                       |                   | MMP           |
| J2560  | INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG  | No                  |                       |                   | MMP           |
| J2562  | INJECTION, PLERIXAFOR, 1 MG  | No                  |                       |                   | MMP           |
| J2590  | INJECTION, OXYTOCIN, UP TO 10 UNITS  | No                  |                       |                   | MMP           |
| J2597  | INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG   | No                  |                       |                   | MMP           |
| J2650  | INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML  | No                  |                       |                   | MMP           |
| J2670  | INJECTION, TOLAZOLINE HCL, UP TO 25 MG   | No                  |                       |                   | MMP           |
| J2675  | INJECTION, PROGESTERONE, PER 50 MG   | No                  |                       |                   | MMP           |
| J2680  | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG   | No                  |                       |                   | MMP           |
| J2690  | INJECTION, PROCAINAMIDE HCL, UP TO 1 GM  | No                  |                       |                   | MMP           |
| J2700  | INJECTION, OXACILLIN SODIUM, UP TO 250 MG  | No                  |                       |                   | MMP           |
| J2704  | Injection, propofol, 10 mg   | No                  |                       |                   | MMP           |
| J2710  | INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG   | No                  |                       |                   | MMP           |
| J2720  | INJECTION, PROTAMINE SULFATE, PER 10 MG  | No                  |                       |                   | MMP           |
| J2724  | INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU  | No                  |                       |                   | MMP           |
| J2725  | INJECTION, PROTIRELIN, PER 250 MCG   | No                  |                       |                   | MMP           |
| J2730  | INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM  | No                  |                       |                   | MMP           |
| J2760  | INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG   | No                  |                       |                   | MMP           |
| J2765  | INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG   | No                  |                       |                   | MMP           |
| J2770  | INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)   | No                  |                       |                   | MMP           |
| J2778  | INJECTION, RANIBIZUMAB, 0.1 MG   | No                  |                       |                   | MMP           |
| J2780  | INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG   | No                  |                       |                   | MMP           |
| J2783  | INJECTION, RASBURICASE, 0.5 MG   | No                  |                       |                   | MMP           |
| J2785  | INJECTION, LEVETIRACETAM, 10 MG  | No                  |                       |                   | MMP           |
| J2786  | Injection, reslizumab, 1 mg  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J2788  | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG  | No                  |                       |                   | MMP           |
| J2790  | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE  | No                  |                       |                   | MMP           |
| J2791  | INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU   | No                  |                       |                   | MMP           |
| J2792  | INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT,   | No                  |                       |                   | MMP           |
| J2793  | INJECTION, RILONACEPT, 1 MG  | Yes                 |                       |                   | MMP           |

| Services that require Prior Authorization List |  |                     |       |                   |               |
|--|--|---------------------|-------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key   | Rider Requirement | Product Lines |
| J2794  | INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG                              | No                  |       |                   | MMP           |
| J2795  | INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG                               | No                  |       |                   | MMP           |
| J2796  | INJECTION, ROMIPLOSTIM, 10 MICROGRAMS                                    | No                  |       |                   | MMP           |
| J2800  | INJECTION, METHOCARBAMOL, UP TO 10 ML                                    | No                  |       |                   | MMP           |
| J2805  | INJECTION, SINCALIDE, 5 MICROGRAMS                                       | No                  |       |                   | MMP           |
| J2810  | INJECTION, THEOPHYLLINE, PER 40 MG                                       | No                  |       |                   | MMP           |
| J2820  | INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG                                 | No                  | *     |                   | MMP           |
| J2840  | Injection, sebelipase alfa, 1 mg   | Yes                 |       |                   | MMP           |
| J2850  | INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM                       | No                  |       |                   | MMP           |
| J2860  | Injection, siltuximab, 10 mg   | Yes                 |       |                   | MMP           |
| J2910  | INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG                                  | No                  |       |                   | MMP           |
| J2916  | INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG | No                  |       |                   | MMP           |
| J2920  | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG              | No                  |       |                   | MMP           |
| J2930  | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG             | No                  |       |                   | MMP           |
| J2940  | INJECTION, SOMATREM, 1 MG  | No                  |       |                   | MMP           |
| J2941  | INJECTION, SOMATROPIN, 1 MG  | Yes                 | ExGEN |                   | MMP           |
| J2950  | INJECTION, PROMAZINE HCL, UP TO 25 MG                                    | No                  |       |                   | MMP           |
| J2993  | INJECTION, RETEPLASE, 18.1 MG  | No                  |       |                   | MMP           |
| J2995  | INJECTION, STREPTOKINASE, PER 250,000 IU                                 | No                  |       |                   | MMP           |
| J2997  | INJECTION, ALTEPLASE RECOMBINANT, 1 MG                                   | No                  |       |                   | MMP           |
| J3000  | INJECTION, STREPTOMYCIN, UP TO 1 GM                                      | No                  |       |                   | MMP           |
| J3010  | INJECTION, FENTANYL CITRATE, 0.1 MG                                      | No                  |       |                   | MMP           |
| J3030  | INJECTION, SUMATRIPTAN SUCCINATE, 6 MG                                   | No                  |       |                   | MMP           |
| J3060  | Injection, taliglucerase alfa, 10 units                                  | No                  |       |                   | MMP           |
| J3070  | INJECTION, PENTAZOCINE, 30 MG  | No                  |       |                   | MMP           |
| J3090  | Injection, tedizolid phosphate, 1 mg                                     | No                  |       |                   | MMP           |
| J3095  | INJECTION, TELAVANCIN, 10 MG   | No                  |       |                   | MMP           |
| J3101  | INJECTION, REGADENOSON, 0.1 MG   | No                  |       |                   | MMP           |
| J3105  | INJECTION, TERBUTALINE SULFATE, UP TO 1 MG                               | No                  |       |                   | MMP           |
| J3110  | INJECTION, TERIPARATIDE, 10 MCG  | No                  |       |                   | MMP           |
| J3121  | Injection, testosterone enanthate, 1mg                                   | No                  |       |                   | MMP           |
| J3145  | Injection, testosterone undecanoate, 1 mg                                | Yes                 |       |                   | MMP           |
| J3230  | INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG                               | No                  |       |                   | MMP           |
| J3240  | INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL            | No                  |       |                   | MMP           |
| J3243  | INJECTION, TIGECYCLINE, 1 MG   | No                  |       |                   | MMP           |
| J3246  | INJECTION, TIROFIBAN HCL, 0.25MG   | No                  |       |                   | MMP           |
| J3250  | INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG                           | No                  |       |                   | MMP           |
| J3260  | INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG                               | No                  |       |                   | MMP           |
| J3262  | INJECTION, TOCILIZUMAB, 1 MG   | No                  |       |                   | MMP           |
| J3265  | INJECTION, TORSEMIDE, 10 MG/ML   | No                  |       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J3280  | INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG                              | No                  |                       |                   | MMP           |
| J3285  | INJECTION, TREPROSTINIL, 1 MG   | No                  |                       |                   | MMP           |
| J3300  | INJECTION, TENECTEPLASE, 1 MG   | No                  |                       |                   | MMP           |
| J3301  | INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG                                  | No                  |                       |                   | MMP           |
| J3302  | INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG                                   | No                  |                       |                   | MMP           |
| J3303  | INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG                                | No                  |                       |                   | MMP           |
| J3305  | INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG                                | No                  |                       |                   | MMP           |
| J3310  | INJECTION, PERPHENAZINE, UP TO 5 MG   | No                  |                       |                   | MMP           |
| J3315  | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG                                       | No                  |                       |                   | MMP           |
| J3320  | INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM                          | No                  |                       |                   | MMP           |
| J3350  | INJECTION, UREA, UP TO 40 GM  | No                  |                       |                   | MMP           |
| J3355  | INJECTION, UROFOLLITROPIN, 75 IU  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J3357  | INJECTION, USTEKINUMAB, 1 MG  | No                  |                       |                   | MMP           |
| J3358  | Ustekinumab, for intravenous injection, 1 mg                                  | No                  |                       |                   | MMP           |
| J3360  | INJECTION, DIAZEPAM, UP TO 5 MG   | No                  |                       |                   | MMP           |
| J3364  | INJECTION, UROKINASE, 5000 IU VIAL  | No                  |                       |                   | MMP           |
| J3365  | INJECTION, IV, UROKINASE, 250,000 I.U. VIAL                                   | No                  |                       |                   | MMP           |
| J3370  | INJECTION, VANCOMYCIN HCL, 500 MG   | Yes                 |                       |                   | MMP           |
| J3380  | Injection, vedolizumab, 1 mg  | No                  |                       |                   | MMP           |
| J3385  | INJECTION, VELAGLUCERASE ALFA, 100 UNITS                                      | Yes                 |                       |                   | MMP           |
| J3396  | INJECTION, VERTEPORFIN, 0.1 MG  | No                  |                       |                   | MMP           |
| J3400  | INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG                                   | No                  |                       |                   | MMP           |
| J3410  | INJECTION, HYDROXYZINE HCL, UP TO 25 MG                                       | No                  |                       |                   | MMP           |
| J3411  | INJECTION, THIAMINE HCL, 100 MG   | No                  |                       |                   | MMP           |
| J3415  | INJECTION, PYRIDOXINE HCL, 100 MG   | No                  |                       |                   | MMP           |
| J3420  | INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG                        | No                  |                       |                   | MMP           |
| J3430  | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG                                 | No                  |                       |                   | MMP           |
| J3465  | INJECTION, VORICONAZOLE, 10 MG  | No                  |                       |                   | MMP           |
| J3470  | INJECTION, HYALURONIDASE, UP TO 150 UNITS                                     | No                  |                       |                   | MMP           |
| J3471  | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 | No                  |                       |                   | MMP           |
| J3472  | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS        | No                  |                       |                   | MMP           |
| J3473  | INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT                             | No                  |                       |                   | MMP           |
| J3475  | INJECTION, MAGNESIUM SULFATE, PER 500 MG                                      | No                  |                       |                   | MMP           |
| J3480  | INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ                                      | No                  |                       |                   | MMP           |
| J3485  | INJECTION, ZIDOVUDINE, 10 MG  | No                  |                       |                   | MMP           |
| J3486  | INJECTION, ZIPRASIDONE MESYLATE, 10 MG  | No                  |                       |                   | MMP           |
| J3489  | Injection, zoledronic acid, 1 mg  | No                  |                       |                   | MMP           |
| J3490  | UNCLASSIFIED DRUGS  | No                  |                       |                   | MMP           |
| J3520  | EDETATE DISODIUM, PER 150 MG  | No                  |                       |                   | MMP           |
| J3530  | NASAL VACCINE INHALATION  | No                  |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J3535  | DRUG ADMINISTERED THROUGH A METERED DOSE INHALER  | No                  |                       |                   | MMP           |
| J3570  | LAETRILE, AMYGDALIN, VITAMIN B17  | Not covered         |                       |                   | MMP           |
| J3590  | UNCLASSIFIED BIOLOGICS  | Yes                 |                       |                   | MMP           |
| J7030  | INFUSION, NORMAL SALINE SOLUTION , 1000 CC  | No                  |                       |                   | MMP           |
| J7040  | INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)   | No                  |                       |                   | MMP           |
| J7042  | 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)   | No                  |                       |                   | MMP           |
| J7050  | INFUSION, NORMAL SALINE SOLUTION , 250 CC   | No                  |                       |                   | MMP           |
| J7060  | 5% DEXTROSE/WATER (500 ML = 1 UNIT)   | No                  |                       |                   | MMP           |
| J7070  | INFUSION, D5W, 1000 CC  | No                  |                       |                   | MMP           |
| J7100  | INFUSION, DEXTRAN 40, 500 ML  | No                  |                       |                   | MMP           |
| J7110  | INFUSION, DEXTRAN 75, 500 ML  | No                  |                       |                   | MMP           |
| J7120  | RINGERS LACTATE INFUSION, UP TO 1000 CC   | No                  |                       |                   | MMP           |
| J7121  | 5% dextrose in lactated ringers infusion, up to 1000 cc   | No                  |                       |                   | MMP           |
| J7131  | HYPERTONIC SALINE SOLUTION, 1 ML  | No                  |                       |                   | MMP           |
| J7175  | Injection, factor x, (human), 1 i.u.  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7178  | Injection, human fibrinogen concentrate, 1 mg   | No                  |                       |                   | MMP           |
| J7179  | Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:cco                        | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7180  | INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.                                     | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7181  | Injection, factor xiii a-subunit, (recombinant), per iu   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7182  | Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu                 | No                  |                       |                   | MMP           |
| J7183  | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO                          | No                  |                       |                   | MMP           |
| J7185  | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.                    | No                  |                       |                   | MMP           |
| J7186  | Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u. | No                  |                       |                   | MMP           |
| J7187  | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO                               | No                  |                       |                   | MMP           |
| J7188  | Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.                   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7189  | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT),   | No                  |                       |                   | MMP           |
| J7190  | FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.   | No                  |                       |                   | MMP           |
| J7191  | FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7192  | FACTOR VIII (ANTIHEMOPHILIC FACTOR (RECOMBINANT)), PER I.U.                                       | No                  |                       |                   | MMP           |
| J7193  | FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER IU                               | No                  |                       |                   | MMP           |
| J7194  | FACTOR IX, COMPLEX, PER I.U.  | No                  |                       |                   | MMP           |
| J7195  | FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU   | No                  |                       |                   | MMP           |
| J7196  | INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.  | No                  |                       |                   | MMP           |
| J7197  | ANTITHROMBIN III (HUMAN), PER I.U.  | No                  |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J7198  | ANTI INHIBITOR, PER I.U.  | No                  |                       |                   | MMP           |
| J7199  | HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED                                      | Yes                 |                       |                   | MMP           |
| J7200  | Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu               | No                  |                       |                   | MMP           |
| J7201  | Injection, factor ix, fc fusion protein (recombinant), per iu                             | No                  |                       |                   | MMP           |
| J7202  | Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.             | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7205  | Injection, factor viii fc fusion (recombinant), per iu                                    | No                  |                       |                   | MMP           |
| J7207  | Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.           | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7209  | Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.             | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7210  | Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.           | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7211  | Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.          | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J7296  | Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg            | No                  |                       |                   | MMP           |
| J7297  | Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration         | No                  |                       |                   | MMP           |
| J7298  | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration        | No                  |                       |                   | MMP           |
| J7300  | INTRAUTERINE COPPER CONTRACEPTIVE   | No                  |                       |                   | MMP           |
| J7301  | Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg               | No                  |                       |                   | MMP           |
| J7303  | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH                               | No                  |                       |                   | MMP           |
| J7304  | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH                                      | No                  |                       |                   | MMP           |
| J7306  | LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND                     | No                  |                       |                   | MMP           |
| J7307  | ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES               | No                  |                       |                   | MMP           |
| J7308  | AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%. SINGLE UNIT DOSAGE FORM (354 MG) | No                  |                       |                   | MMP           |
| J7309  | METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM                    | No                  |                       |                   | MMP           |
| J7310  | GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT  | No                  |                       |                   | MMP           |
| J7311  | FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT  | No                  |                       |                   | MMP           |
| J7312  | INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG                                    | No                  |                       |                   | MMP           |
| J7313  | Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg                          | No                  |                       |                   | MMP           |
| J7315  | Mitomycin, ophthalmic, 0.2 mg   | No                  |                       |                   | MMP           |
| J7316  | Injection, ocriplasmin, 0.125 mg  | No                  |                       |                   | MMP           |
| J7320  | Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg                | No                  |                       |                   | MMP           |
| J7321  | HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE     | No                  |                       |                   | MMP           |
| J7322  | Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg                    | No                  |                       |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J7323  | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE  | No                  |                       |                   | MMP           |
| J7324  | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE   | No                  |                       |                   | MMP           |
| J7325  | HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG  | No                  |                       |                   | MMP           |
| J7326  | HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE   | No                  |                       |                   | MMP           |
| J7327  | Hyaluronan or derivative, monovisc, for intra-articular injection, per dose  | No                  |                       |                   | MMP           |
| J7328  | Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg   | No                  |                       |                   | MMP           |
| J7330  | AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT  | Yes                 | <a href="#">RMT/*</a> |                   | MMP           |
| J7336  | Capsaicin 8% patch, per square centimeter  | No                  |                       |                   | MMP           |
| J7340  | Carbidopa 5 mg/levodopa 20 mg enteral suspension   | Yes                 |                       |                   | MMP           |
| J7342  | Installation, ciprofloxacin otic suspension, 6 mg  | No                  |                       |                   | MMP           |
| J7345  | Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg   | Yes                 |                       |                   | MMP           |
| J7500  | AZATHIOPRINE, ORAL, 50 MG  | No                  |                       |                   | MMP           |
| J7501  | AZATHIOPRINE, PARENTERAL, 100 MG   | No                  |                       |                   | MMP           |
| J7502  | CYCLOSPORINE, ORAL, 100 MG   | No                  |                       |                   | MMP           |
| J7503  | Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg   | No                  |                       |                   | MMP           |
| J7504  | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL,  | No                  |                       |                   | MMP           |
| J7505  | MUROMONAB-CD3, PARENTERAL, 5 MG  | No                  |                       |                   | MMP           |
| J7507  | TACROLIMUS, ORAL, PER 1 MG   | No                  |                       |                   | MMP           |
| J7508  | Tacrolimus, extended release, oral, 0.1 mg   | No                  |                       |                   | MMP           |
| J7509  | METHYLPREDNISOLONE ORAL, PER 4 MG  | No                  |                       |                   | MMP           |
| J7510  | PREDNISOLONE ORAL, PER 5 MG  | No                  |                       |                   | MMP           |
| J7511  | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL,  | No                  |                       |                   | MMP           |
| J7513  | DACLIZUMAB, PARENTERAL, 25 MG  | No                  |                       |                   | MMP           |
| J7515  | CYCLOSPORINE, ORAL, 25 MG  | No                  |                       |                   | MMP           |
| J7516  | CYCLOSPORIN, PARENTERAL, 250 MG  | No                  |                       |                   | MMP           |
| J7517  | MYCOPHENOLATE MOFETIL, ORAL, 250 MG  | No                  |                       |                   | MMP           |
| J7518  | MYCOPHENOLIC ACID, ORAL, 180 MG  | No                  |                       |                   | MMP           |
| J7520  | SIROLIMUS, ORAL, 1 MG  | No                  |                       |                   | MMP           |
| J7525  | TACROLIMUS, PARENTERAL, 5 MG   | No                  |                       |                   | MMP           |
| J7527  | Everolimus, oral, 0.25 mg  | No                  |                       |                   | MMP           |
| J7599  | IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED   | No                  |                       |                   | MMP           |
| J7604  | ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM                            | No                  |                       |                   | MMP           |
| J7605  | ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS | No                  |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J7606  | INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.   | No                  |     |                   | MMP           |
| J7607  | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED   | No                  |     |                   | MMP           |
| J7608  | ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM           | No                  |     |                   | MMP           |
| J7609  | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED  | No                  |     |                   | MMP           |
| J7610  | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED  | No                  |     |                   | MMP           |
| J7611  | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN'ED THRU DME, CONCENTRATED FORM, 1 MG (REINSTATED)           | No                  |     |                   | MMP           |
| J7612  | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN THRU DME, CONCENTRATED FORM 0.5MG (REINSTATED)           | No                  |     |                   | MMP           |
| J7613  | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1MG (REINSTATED)             | No                  |     |                   | MMP           |
| J7614  | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN'ED THRU DME, UNIT DOSE 0.5 MG (REINSTATED)               | No                  |     |                   | MMP           |
| J7615  | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED   | No                  |     |                   | MMP           |
| J7620  | ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON  | No                  |     |                   | MMP           |
| J7622  | BECLOMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE   | No                  |     |                   | MMP           |
| J7624  | BETAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE  | No                  |     |                   | MMP           |
| J7626  | BUDESONIDE INHALATION SOLUTION, NON-COMPOUNDED, ADMINISTERED THROUGH  | No                  |     |                   | MMP           |
| J7627  | BUDESONIDE, POWDER, COMPOUNDED FOR INHALATION SOLUTION, ADMINISTERED  | No                  |     |                   | MMP           |
| J7628  | BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME,  | No                  |     |                   | MMP           |
| J7629  | BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT   | No                  |     |                   | MMP           |
| J7631  | CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS | No                  |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J7632  | CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS                   | No                  |     |                   | MMP           |
| J7633  | BUDESONIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED  | No                  |     |                   | MMP           |
| J7634  | BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED   | No                  |     |                   | MMP           |
| J7635  | ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED  | No                  |     |                   | MMP           |
| J7636  | ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM,   | No                  |     |                   | MMP           |
| J7637  | DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME,  | No                  |     |                   | MMP           |
| J7638  | DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE  | No                  |     |                   | MMP           |
| J7639  | DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM | No                  |     |                   | MMP           |
| J7640  | FORMOTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE   | No                  |     |                   | MMP           |
| J7641  | FLUNISOLIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE,   | No                  |     |                   | MMP           |
| J7642  | GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME,   | No                  |     |                   | MMP           |
| J7643  | GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE   | No                  |     |                   | MMP           |
| J7644  | IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT   | No                  |     |                   | MMP           |
| J7645  | IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT,   | No                  |     |                   | MMP           |
| J7647  | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED  | No                  |     |                   | MMP           |
| J7648  | ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME,  | No                  |     |                   | MMP           |
| J7649  | ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE  | No                  |     |                   | MMP           |
| J7650  | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED  | No                  |     |                   | MMP           |
| J7657  | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTER  | No                  |     |                   | MMP           |
| J7658  | ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME,  | No                  |     |                   | MMP           |
| J7659  | ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J7660  | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTER   | No                  |     |                   | MMP           |
| J7665  | MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG  | No                  |     |                   | MMP           |
| J7667  | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,   | No                  |     |                   | MMP           |
| J7668  | METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME,  | No                  |     |                   | MMP           |
| J7669  | METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME,  | No                  |     |                   | MMP           |
| J7670  | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,   | No                  |     |                   | MMP           |
| J7674  | METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A  | No                  |     |                   | MMP           |
| J7676  | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG           | No                  |     |                   | MMP           |
| J7680  | TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME,   | No                  |     |                   | MMP           |
| J7681  | TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT  | No                  |     |                   | MMP           |
| J7682  | TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED  | No                  |     |                   | MMP           |
| J7683  | TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCEN  | No                  |     |                   | MMP           |
| J7684  | TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE   | No                  |     |                   | MMP           |
| J7685  | TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS                | No                  |     |                   | MMP           |
| J7686  | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG | No                  |     |                   | MMP           |
| J7699  | NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME  | No                  |     |                   | MMP           |
| J7799  | NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME   | No                  |     |                   | MMP           |
| J7999  | Compounded drug, not otherwise classified  | No                  |     |                   | MMP           |
| J8498  | ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE   | No                  |     |                   | MMP           |
| J8499  | PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS   | No                  |     |                   | MMP           |
| J8501  | APREPITANT, ORAL, 5 MG   | No                  |     |                   | MMP           |
| J8510  | BULSULFAN; ORAL, 2 MG  | No                  |     |                   | MMP           |
| J8515  | CABERGOLINE, ORAL, 0.25 MG   | No                  |     |                   | MMP           |
| J8520  | CAPECITABINE, ORAL, 150 MG   | No                  |     |                   | MMP           |
| J8521  | CAPECITABINE, ORAL, 500 MG   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J8530  | CYCLOPHOSPHAMIDE; ORAL, 25 MG                      | No                  |     |                   | MMP           |
| J8540  | DEXAMETHASONE, ORAL, 0.25 MG                       | No                  |     |                   | MMP           |
| J8560  | ETOPOSIDE; ORAL, 50 MG                             | No                  |     |                   | MMP           |
| J8562  | FLUDARABINE PHOSPHATE, ORAL, 10 MG                 | No                  |     |                   | MMP           |
| J8565  | GEFITINIB, ORAL, 250 MG                            | No                  |     |                   | MMP           |
| J8597  | ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED     | No                  |     |                   | MMP           |
| J8600  | MELPHALAN; ORAL, 2 MG                              | No                  |     |                   | MMP           |
| J8610  | METHOTREXATE; ORAL, 2.5 MG                         | No                  |     |                   | MMP           |
| J8650  | NABILONE, ORAL, 1 MG                               | No                  |     |                   | MMP           |
| J8655  | Netupitant 300 mg and palonosetron 0.5 mg          | No                  |     |                   | MMP           |
| J8670  | Rolapitant, oral, 1 mg                             | No                  |     |                   | MMP           |
| J8700  | TEMOZOLOMIDE, ORAL, 5MG                            | No                  |     |                   | MMP           |
| J8705  | TOPOTECAN, ORAL, 0.25 MG                           | No                  |     |                   | MMP           |
| J8999  | PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS     | Yes                 |     |                   | MMP           |
| J9000  | DOXORUBICIN HCL, 10 MG                             | No                  |     |                   | MMP           |
| J9015  | ALDESLEUKIN, PER SINGLE USE VIAL                   | No                  |     |                   | MMP           |
| J9017  | ARSENIC TRIOXIDE, 1MG                              | No                  |     |                   | MMP           |
| J9019  | Injection, asparaginase (erwinaze), 1,000 iu       | No                  |     |                   | MMP           |
| J9020  | ASPARAGINASE, 10,000 UNITS                         | No                  |     |                   | MMP           |
| J9022  | Injection, atezolizumab, 10 mg                     | No                  |     |                   | MMP           |
| J9023  | Injection, avelumab, 10 mg                         | No                  |     |                   | MMP           |
| J9025  | INJECTION, AZACITIDINE, 1 MG                       | No                  |     |                   | MMP           |
| J9027  | INJECTION, CLOFARABINE, 1 MG                       | No                  |     |                   | MMP           |
| J9031  | BCG (INTRAVESICAL) PER INSTILLATION                | No                  |     |                   | MMP           |
| J9032  | Injection, belinostat, 10 mg                       | No                  |     |                   | MMP           |
| J9033  | INJECTION, BENDAMUSTINE, 1MG                       | No                  |     |                   | MMP           |
| J9034  | Injection, bendamustine hcl (bendecka), 1 mg       | No                  |     |                   | MMP           |
| J9035  | INJECTION, BEVACIZUMAB, 10 MG                      | No                  |     |                   | MMP           |
| J9039  | Injection, blinatumomab, 1 microgram               | No                  |     |                   | MMP           |
| J9040  | BLEOMYCIN SULFATE, 15 UNITS                        | No                  |     |                   | MMP           |
| J9041  | INJECTION, BORTEZOMIB, 0.1 MG                      | No                  |     |                   | MMP           |
| J9042  | Injection, brentuximab vedotin, 1 mg               | No                  |     |                   | MMP           |
| J9043  | INJECTION, CABAZITAXEL, 1 MG                       | No                  |     |                   | MMP           |
| J9045  | CARBOPLATIN, 50 MG                                 | No                  |     |                   | MMP           |
| J9047  | Injection, carfilzomib, 1 mg                       | No                  |     |                   | MMP           |
| J9050  | CARMUSTINE, 100 MG                                 | No                  |     |                   | MMP           |
| J9055  | INJECTION, CETUXIMAB, 10 MG                        | No                  |     |                   | MMP           |
| J9060  | INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG    | No                  |     |                   | MMP           |
| J9065  | INJECTION, CLADRIBINE, PER 1 MG                    | No                  |     |                   | MMP           |
| J9070  | CYCLOPHOSPHAMIDE, 100 MG                           | No                  |     |                   | MMP           |
| J9098  | CYTARABINE LIPOSOME, 10 MG                         | No                  |     |                   | MMP           |
| J9100  | CYTARABINE, 100 MG                                 | No                  |     |                   | MMP           |
| J9120  | DACTINOMYCIN, 0.5 MG                               | No                  |     |                   | MMP           |
| J9130  | DACARBAZINE, 100 MG                                | No                  |     |                   | MMP           |
| J9145  | Injection, daratumumab, 10 mg                      | No                  |     |                   | MMP           |
| J9150  | DAUNORUBICIN, 10 MG                                | No                  |     |                   | MMP           |
| J9151  | DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG | No                  |     |                   | MMP           |
| J9155  | INJECTION, DEGARELIX, 1 MG                         | No                  |     |                   | MMP           |
| J9160  | DENILEUKIN DIFTITOX, 300 MCG                       | No                  |     |                   | MMP           |
| J9165  | DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG             | No                  |     |                   | MMP           |
| J9171  | INJECTION, DOCETAXEL, 1 MG                         | No                  |     |                   | MMP           |
| J9175  | INJECTION, ELLIOTTS' B SOLUTION, 1 ML              | No                  |     |                   | MMP           |
| J9176  | Injection, elotuzumab, 1 mg                        | No                  |     |                   | MMP           |
| J9178  | INJECTION, EPIRUBICIN HCL, 2 MG                    | No                  |     |                   | MMP           |
| J9179  | INJECTION, ERIBULIN MESYLATE, 0.1 MG               | No                  |     |                   | MMP           |

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|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| J9181  | ETOPOSIDE, 10 MG   | No                  |                       |                   | MMP           |
| J9185  | FLUDARABINE PHOSPHATE, 50 MG                               | No                  |                       |                   | MMP           |
| J9190  | FLUOROURACIL, 500 MG                                       | No                  |                       |                   | MMP           |
| J9200  | FLOXURIDINE, 500 MG  | No                  |                       |                   | MMP           |
| J9201  | GEMCITABINE HCL, 200 MG                                    | No                  |                       |                   | MMP           |
| J9202  | GOSERELIN ACETATE IMPLANT, PER 3.6 MG                      | No                  | *                     |                   | MMP           |
| J9203  | Injection, gemtuzumab ozogamicin, 0.1 mg                   | No                  | -                     |                   | MMP           |
| J9205  | Injection, irinotecan liposome, 1 mg                       | No                  |                       |                   | MMP           |
| J9206  | IRINOTECAN, 20 MG  | No                  |                       |                   | MMP           |
| J9207  | INJECTION, IXABEPILONE, 1 MG                               | No                  |                       |                   | MMP           |
| J9208  | IFOSFAMIDE, 1 GM   | No                  |                       |                   | MMP           |
| J9209  | MESNA, 200 MG  | No                  |                       |                   | MMP           |
| J9211  | IDARUBICIN HYDROCHLORIDE, 5 MG                             | No                  |                       |                   | MMP           |
| J9212  | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG        | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J9213  | INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS          | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J9214  | INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS          | No                  |                       |                   | MMP           |
| J9215  | INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU | No                  |                       |                   | MMP           |
| J9216  | INTERFERON, GAMMA 1-B, 3 MILLION UNITS                     | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| J9217  | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG          | No                  | *                     |                   | MMP           |
| J9218  | LEUPROLIDE ACETATE, PER 1 MG                               | No                  | -                     |                   | MMP           |
| J9219  | LEUPROLIDE ACETATE IMPLANT, 65 MG                          | No                  | *                     |                   | MMP           |
| J9225  | HISTRELIN IMPLANT (VANTAS), 50 MG                          | No                  |                       |                   | MMP           |
| J9226  | HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG                    | No                  |                       |                   | MMP           |
| J9228  | INJECTION, IPILIMUMAB, 1 MG                                | No                  |                       |                   | MMP           |
| J9230  | MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG   | No                  |                       |                   | MMP           |
| J9245  | INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG                  | No                  |                       |                   | MMP           |
| J9250  | METHOTREXATE SODIUM, 5 MG                                  | No                  |                       |                   | MMP           |
| J9260  | METHOTREXATE SODIUM, 50 MG                                 | No                  |                       |                   | MMP           |
| J9261  | INJECTION, NELARABINE, 50 MG                               | No                  |                       |                   | MMP           |
| J9262  | Injection, omacetaxine mepesuccinate, 0.01 mg              | Yes                 |                       |                   | MMP           |
| J9263  | INJECTION, OXALIPLATIN, 0.5 MG                             | No                  |                       |                   | MMP           |
| J9264  | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG        | No                  |                       |                   | MMP           |
| J9266  | PEGASPARGASE, PER SINGLE DOSE VIAL                         | No                  |                       |                   | MMP           |
| J9267  | Injection, paclitaxel, 1 mg                                | No                  |                       |                   | MMP           |
| J9268  | PENTOSTATIN, PER 10 MG                                     | No                  |                       |                   | MMP           |
| J9270  | PLICAMYCIN, 2.5 MG   | No                  |                       |                   | MMP           |
| J9271  | Injection, pembrolizumab, 1 mg                             | No                  |                       |                   | MMP           |
| J9280  | MITOMYCIN, 5 MG  | No                  |                       |                   | MMP           |
| J9285  | Injection, olaratumab, 10 mg                               | No                  |                       |                   | MMP           |
| J9293  | INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG            | No                  |                       |                   | MMP           |
| J9295  | Injection, necitumumab, 1 mg                               | No                  |                       |                   | MMP           |
| J9299  | Injection, nivolumab, 1 mg                                 | No                  |                       |                   | MMP           |
| J9301  | Injection, obinutuzumab, 10 mg                             | No                  |                       |                   | MMP           |
| J9302  | INJECTION, OFATUMUMAB, 10 MG                               | No                  |                       |                   | MMP           |
| J9303  | INJECTION, PANITUMUMAB, 10 MG                              | No                  |                       |                   | MMP           |
| J9305  | INJECTION, PEMETREXED, 10 MG                               | No                  |                       |                   | MMP           |
| J9306  | Injection, pertuzumab, 1 mg                                | No                  |                       |                   | MMP           |
| J9307  | INJECTION, PRALATREXATE, 1 MG                              | No                  |                       |                   | MMP           |
| J9308  | Injection, ramucirumab, 5 mg                               | No                  |                       |                   | MMP           |
| J9310  | RITUXIMAB, 100 MG  | No                  |                       |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| J9315  | INJECTION, ROMIDEPSIN, 1 MG  | No                  |     |                   | MMP           |
| J9320  | STREPTOZOCIN, 1 GM   | No                  |     |                   | MMP           |
| J9325  | Injection, talimogene laherparepvec, per 1 million plaque forming units  | No                  |     |                   | MMP           |
| J9328  | INJECTION, TEMOZOLOMIDE, 1 MG  | No                  |     |                   | MMP           |
| J9330  | INJECTION, TEMSIROLIMUS, 1 MG  | No                  |     |                   | MMP           |
| J9340  | THIOTEPA, 15 MG  | No                  |     |                   | MMP           |
| J9351  | INJECTION, TOPOTECAN, 0.1 MG   | No                  |     |                   | MMP           |
| J9352  | Injection, trabectedin, 0.1 mg   | No                  |     |                   | MMP           |
| J9354  | Injection, ado-trastuzumab emtansine, 1 mg   | No                  |     |                   | MMP           |
| J9355  | TRASTUZUMAB, 10 MG   | No                  |     |                   | MMP           |
| J9357  | VALRUBICIN, INTRAVESICAL, 200 MG   | No                  |     |                   | MMP           |
| J9360  | VINBLASTINE SULFATE, 1 MG  | No                  |     |                   | MMP           |
| J9370  | VINCRISTINE SULFATE, 1 MG  | No                  |     |                   | MMP           |
| J9371  | Injection, vincristine sulfate liposome, 1 mg  | No                  |     |                   | MMP           |
| J9390  | VINORELBINE TARTRATE, PER 10 MG  | No                  |     |                   | MMP           |
| J9395  | INJECTION, FULVESTRANT, 25 MG  | No                  |     |                   | MMP           |
| J9400  | Injection, ziv-aflibercept, 1 mg   | No                  |     |                   | MMP           |
| J9600  | PORFIMER SODIUM, 75 MG   | No                  |     |                   | MMP           |
| J9999  | NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS   | No                  |     |                   | MMP           |
| K0903  | For Diabetics Only, Multiple Density Insert, Made By Direct Carving With CAM Technology From A Rectified CAD Model Created From A Digitized Scan Of The Patient, Total Contact With Patient's Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shaping Material, Custom Fabricated, Each | Yes                 |     |                   | MMP           |
| L8604  | INJECTION, TEMSIROLIMUS, 1 MG  | No                  |     |                   | MMP           |
| L8615  | HEADSET/HEADPIECE FOR USE W/COCHLEAR IMPLANT DEVICE, REPLACEMENT   | Yes                 |     |                   | MMP           |
| L8616  | MICROPHONE FOR USE W/COCHLEAR IMPLANT DEVICE, REPLACEMENT  | Yes                 |     |                   | MMP           |
| L8617  | TRANSMITTING COIL FOR USW W/COCHLEAR IMPLANT DEVICE, REPLACEMENT   | Yes                 |     |                   | MMP           |
| L8618  | TRANSMITTER CABLE FOR USE WCOCHLEAR IMPLANT DEVICE, REPLACEMENT  | Yes                 |     |                   | MMP           |
| L8619  | COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT  | Yes                 |     |                   | MMP           |
| L8621  | ZINC AIR BATTERY FOR USE W/COCHLEAR IMPLANT DECIVE, REPLACEMENT, EACH (reactivated from being term'ed as of 3/31/98)   | Yes                 |     |                   | MMP           |
| L8622  | ALKALINE BATTERY FOR USE W/COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT (reactivated from being term'ed as of 3/31/98)   | Yes                 |     |                   | MMP           |
| L8623  | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT  | Yes                 |     |                   | MMP           |
| L8624  | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT  | Yes                 |     |                   | MMP           |
| L8627  | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT  | Yes                 |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| L8628  | COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT   | Yes                 |     |                   | MMP           |
| L8629  | TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT   | No                  |     |                   | MMP           |
| L8680  | IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH  | No                  |     |                   | MMP           |
| L8685  | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGE  | No                  |     |                   | MMP           |
| L8686  | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON   | No                  |     |                   | MMP           |
| L8687  | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE  | No                  |     |                   | MMP           |
| L8688  | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGE  | No                  |     |                   | MMP           |
| L8692  | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT | No                  |     |                   | MMP           |
| L8693  | AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY   | Yes                 |     |                   | MMP           |
| L8699  | PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED  | Yes                 |     |                   | MMP           |
| L9900  | ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS L CODE  | No                  |     |                   | MMP           |
| M0075  | CELLULAR THERAPY   | Not Covered         |     |                   | MMP           |
| M0076  | PROLOTHERAPY   | Not Covered         |     |                   | MMP           |
| M0100  | INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING  | No                  |     |                   | MMP           |
| M0300  | IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)   | Not Covered         |     |                   | MMP           |
| M0301  | FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MNP)  | Not Covered         |     |                   | MMP           |
| P2028  | CEPHALIN FLOCCULATION, BLOOD   | No                  |     |                   | MMP           |
| P2029  | CONGO RED, BLOOD   | No                  |     |                   | MMP           |
| P2033  | THYMOL TURBIDITY, BLOOD  | No                  |     |                   | MMP           |
| P7001  | CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY   | No                  |     |                   | MMP           |
| P9010  | BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT   | No                  |     |                   | MMP           |
| P9011  | BLOOD (SPLIT UNIT), SPECIFY AMOUNT   | No                  |     |                   | MMP           |
| P9012  | CRYOPRECIPITATE, EACH UNIT   | No                  |     |                   | MMP           |
| P9016  | RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT   | No                  |     |                   | MMP           |
| P9017  | FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION,   | No                  |     |                   | MMP           |
| P9019  | PLATELETS, EACH UNIT   | No                  |     |                   | MMP           |
| P9020  | PLATELET RICH PLASMA, EACH UNIT  | Not Covered         |     |                   | MMP           |
| P9021  | RED BLOOD CELLS, EACH UNIT   | No                  |     |                   | MMP           |
| P9022  | RED BLOOD CELLS, WASHED, EACH UNIT   | No                  |     |                   | MMP           |
| P9023  | PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH   | No                  |     |                   | MMP           |
| P9031  | PLATELETS, LEUKOCYTES REDUCED, EACH UNIT   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| P9032  | PLATELETS, IRRADIATED, EACH UNIT   | No                  |     |                   | MMP           |
| P9033  | PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT                     | No                  |     |                   | MMP           |
| P9034  | PLATELETS, PHERESIS, EACH UNIT   | No                  |     |                   | MMP           |
| P9035  | PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT                       | No                  |     |                   | MMP           |
| P9036  | PLATELETS, PHERESIS, IRRADIATED, EACH UNIT                               | No                  |     |                   | MMP           |
| P9037  | PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT           | No                  |     |                   | MMP           |
| P9038  | RED BLOOD CELLS, IRRADIATED, EACH UNIT                                   | No                  |     |                   | MMP           |
| P9039  | RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT                               | No                  |     |                   | MMP           |
| P9040  | RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT               | No                  |     |                   | MMP           |
| P9041  | INFUSION, ALBUMIN (HUMAN), 5%, 50 ML                                     | No                  |     |                   | MMP           |
| P9043  | INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML                     | No                  |     |                   | MMP           |
| P9044  | PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT                               | No                  |     |                   | MMP           |
| P9045  | INFUSION, ALBUMIN (HUMAN), 5%, 250 ML                                    | No                  |     |                   | MMP           |
| P9046  | INFUSION, ALBUMIN (HUMAN), 25%, 20 ML                                    | No                  |     |                   | MMP           |
| P9047  | INFUSION, ALBUMIN (HUMAN), 25%, 50 ML                                    | No                  |     |                   | MMP           |
| P9048  | INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML                     | No                  |     |                   | MMP           |
| P9050  | GRANULOCYTES, PHERESIS, EACH UNIT  | No                  |     |                   | MMP           |
| P9051  | WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH   | No                  |     |                   | MMP           |
| P9052  | PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH      | No                  |     |                   | MMP           |
| P9053  | PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH  | No                  |     |                   | MMP           |
| P9054  | WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN,              | No                  |     |                   | MMP           |
| P9055  | PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH    | No                  |     |                   | MMP           |
| P9056  | WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT                   | No                  |     |                   | MMP           |
| P9057  | RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED,       | No                  |     |                   | MMP           |
| P9058  | RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT | No                  |     |                   | MMP           |
| P9059  | FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT          | No                  |     |                   | MMP           |
| P9060  | FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT                           | No                  |     |                   | MMP           |
| P9070  | Plasma, pooled multiple donor, pathogen reduced, frozen, each unit       | No                  |     |                   | MMP           |
| P9071  | Plasma (single donor), pathogen reduced, frozen, each unit               | No                  |     |                   | MMP           |
| P9073  | Platelets, pheresis, pathogen-reduced, each unit                         | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| P9100  | Pathogen(s) test for platelets  | No                  |     |                   | MMP           |
| Q0035  | CARDIOKYMOGRAPHY  | No                  |     |                   | MMP           |
| Q0081  | INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT  | No                  |     |                   | MMP           |
| Q0083  | CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT   | No                  |     |                   | MMP           |
| Q0084  | CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT   | No                  |     |                   | MMP           |
| Q0085  | CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S) (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT   | No                  |     |                   | MMP           |
| Q0115  | POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS  | Yes                 |     |                   | MMP           |
| Q0138  | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)  | No                  |     |                   | MMP           |
| Q0139  | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)  | No                  |     |                   | MMP           |
| Q0144  | AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM   | No                  |     |                   | MMP           |
| Q0161  | Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen | No                  |     |                   | MMP           |
| Q0162  | ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN                   | No                  |     |                   | MMP           |
| Q0163  | DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION   | No                  |     |                   | MMP           |
| Q0164  | PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION   | No                  |     |                   | MMP           |
| Q0166  | GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION  | No                  |     |                   | MMP           |
| Q0167  | DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN                 | No                  |     |                   | MMP           |
| Q0169  | PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION  | No                  |     |                   | MMP           |
| Q0173  | TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED   | No                  |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |                       |                   |               |
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| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| Q0174  | THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMET   | No                  |                       |                   | MMP           |
| Q0175  | PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,   | No                  |                       |                   | MMP           |
| Q0177  | HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,   | No                  |                       |                   | MMP           |
| Q0180  | DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,  | No                  |                       |                   | MMP           |
| Q0181  | UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN | No                  |                       |                   | MMP           |
| Q0477  | Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q0478  | POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE  | No                  |                       |                   | MMP           |
| Q0479  | POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY   | No                  |                       |                   | MMP           |
| Q0480  | DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT   | No                  |                       |                   | MMP           |
| Q0481  | MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST   | No                  |                       |                   | MMP           |
| Q0482  | MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINA  | No                  |                       |                   | MMP           |
| Q0483  | MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,  | No                  |                       |                   | MMP           |
| Q0484  | MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC   | No                  |                       |                   | MMP           |
| Q0485  | MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE  | No                  |                       |                   | MMP           |
| Q0486  | MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR  | No                  |                       |                   | MMP           |
| Q0487  | LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC  | No                  |                       |                   | MMP           |
| Q0488  | POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE,   | No                  |                       |                   | MMP           |
| Q0489  | POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST   | No                  |                       |                   | MMP           |
| Q0490  | EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE   | No                  |                       |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q0491  | EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR   | No                  |     |                   | MMP           |
| Q0492  | EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST  | No                  |     |                   | MMP           |
| Q0493  | EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRIC   | No                  |     |                   | MMP           |
| Q0494  | EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC  | No                  |     |                   | MMP           |
| Q0495  | BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC   | No                  |     |                   | MMP           |
| Q0496  | BATTERY FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VAD, REPLACEMENT   | No                  |     |                   | MMP           |
| Q0497  | BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VAD, REPLACE   | No                  |     |                   | MMP           |
| Q0498  | HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VAD, REPLACEMENT   | No                  |     |                   | MMP           |
| Q0499  | BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY                  | No                  |     |                   | MMP           |
| Q0500  | FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VAD, REPLACEMENT   | No                  |     |                   | MMP           |
| Q0501  | SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VAD, REPLACE  | No                  |     |                   | MMP           |
| Q0502  | MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY  | No                  |     |                   | MMP           |
| Q0503  | BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH  | No                  |     |                   | MMP           |
| Q0504  | POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT   | No                  |     |                   | MMP           |
| Q0506  | BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY                          | No                  |     |                   | MMP           |
| Q0507  | Miscellaneous supply or accessory for use with ventricular assist device   | Yes                 |     |                   | MMP           |
| Q0508  | Miscellaneous supply or accessory for use with an implanted ventricular assist device  | Yes                 |     |                   | MMP           |
| Q0509  | Miscellaneous supply or accessory for use any implanted ventricular assist device for which payment was not made under Medicare Part A | Yes                 |     |                   | MMP           |
| Q0510  | PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE  | No                  |     |                   | MMP           |
| Q0511  | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANT   | No                  |     |                   | MMP           |
| Q0512  | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANT   | No                  |     |                   | MMP           |
| Q0513  | PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PE   | No                  |     |                   | MMP           |

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|--|--|---------------------|----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| Q0514  | PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PE   | No                  |                      |                   | MMP           |
| Q0515  | INJECTION, SERMORELIN ACETATE, 1 MICROGRAM   | No                  |                      |                   | MMP           |
| Q1004  | NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE   | No                  |                      |                   | MMP           |
| Q1005  | NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE   | No                  |                      |                   | MMP           |
| Q2004  | IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI,  | No                  |                      |                   | MMP           |
| Q2009  | INJECTION, FOSPHENYTOIN, 50 MG   | No                  |                      |                   | MMP           |
| Q2017  | INJECTION, TENIPOSIDE, 50 MG   | No                  |                      |                   | MMP           |
| Q2026  | Injection, Radiesse, 0.1 ml  | Yes                 | <a href="#">RMT*</a> |                   | MMP           |
| Q2028  | Injection, sculptra, 0.5 mg  | No                  |                      |                   | MMP           |
| Q2034  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)  | No                  |                      |                   | MMP           |
| Q2036  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL)                                | No                  |                      |                   | MMP           |
| Q2038  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)                                 | No                  |                      |                   | MMP           |
| Q2039  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (NOT OTHERWISE SPECIFIED)                 | No                  |                      |                   | MMP           |
| Q2040  | Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion                           | Yes                 |                      |                   | MMP           |
| Q2041  | Axicabtagene Ciloleucel, up to 200 Million Autologous Anti-CD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion               | Yes                 |                      |                   | MMP           |
| Q2043  | SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION | No                  |                      |                   | MMP           |
| Q2049  | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG   | No                  |                      |                   | MMP           |
| Q2052  | Services, supplies and accessories used in the home under the medicare intravenous immune globulin (ivig) demonstration  | No                  |                      |                   | MMP           |
| Q3001  | RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH  | No                  |                      |                   | MMP           |
| Q3014  | TELEHEALTH ORIGINATING SITE FACILITY FEE   | No                  |                      |                   | MMP           |
| Q3027  | Injection, interferon beta-1a, 1 mcg for intramuscular use   | No                  |                      |                   | MMP           |
| Q3028  | Injection, interferon beta-1a, 1 mcg for subcutaneous use  | No                  |                      |                   | MMP           |
| Q3031  | COLLAGEN SKIN TEST   | No                  |                      |                   | MMP           |
| Q4001  | CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER   | No                  |                      |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4002  | CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS             | No                  |     |                   | MMP           |
| Q4003  | CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER                    | No                  |     |                   | MMP           |
| Q4004  | CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS                 | No                  |     |                   | MMP           |
| Q4005  | CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER                    | No                  |     |                   | MMP           |
| Q4006  | CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS                 | No                  |     |                   | MMP           |
| Q4007  | CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER                | No                  |     |                   | MMP           |
| Q4008  | CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS             | No                  |     |                   | MMP           |
| Q4009  | CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER                   | No                  |     |                   | MMP           |
| Q4010  | CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS                | No                  |     |                   | MMP           |
| Q4011  | CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER               | No                  |     |                   | MMP           |
| Q4012  | CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS            | No                  |     |                   | MMP           |
| Q4013  | CAST SUPPLIES, GAUNTLET CAST, ADULT (11 YEARS +), PLASTER                    | No                  |     |                   | MMP           |
| Q4014  | CAST SUPPLIES, GAUNTLET CAST, ADULT (11 YEARS +), FIBERGLASS                 | No                  |     |                   | MMP           |
| Q4015  | CAST SUPPLIES, GAUNTLET CAST , PEDIATRIC (0-10 YEARS), PLASTER               | No                  |     |                   | MMP           |
| Q4016  | CAST SUPPLIES, GAUNTLET CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS             | No                  |     |                   | MMP           |
| Q4017  | CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER                  | No                  |     |                   | MMP           |
| Q4018  | CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS               | No                  |     |                   | MMP           |
| Q4019  | CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER              | No                  |     |                   | MMP           |
| Q4020  | CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS           | No                  |     |                   | MMP           |
| Q4021  | CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER                 | No                  |     |                   | MMP           |
| Q4022  | CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS              | No                  |     |                   | MMP           |
| Q4023  | CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER             | No                  |     |                   | MMP           |
| Q4024  | CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS          | No                  |     |                   | MMP           |
| Q4025  | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER     | No                  |     |                   | MMP           |
| Q4026  | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS  | No                  |     |                   | MMP           |
| Q4027  | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4028  | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YRS), FIBERGLASS                              | No                  |     |                   | MMP           |
| Q4029  | CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER  | No                  |     |                   | MMP           |
| Q4030  | CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS   | No                  |     |                   | MMP           |
| Q4031  | CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER  | No                  |     |                   | MMP           |
| Q4032  | CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS   | No                  |     |                   | MMP           |
| Q4033  | CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER   | No                  |     |                   | MMP           |
| Q4034  | CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS                                      | No                  |     |                   | MMP           |
| Q4035  | CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER                                     | No                  |     |                   | MMP           |
| Q4036  | CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS                                  | No                  |     |                   | MMP           |
| Q4037  | CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER   | No                  |     |                   | MMP           |
| Q4038  | CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS  | No                  |     |                   | MMP           |
| Q4039  | CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER   | No                  |     |                   | MMP           |
| Q4040  | CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS  | No                  |     |                   | MMP           |
| Q4041  | CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER  | No                  |     |                   | MMP           |
| Q4042  | CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS   | No                  |     |                   | MMP           |
| Q4043  | CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER  | No                  |     |                   | MMP           |
| Q4044  | CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS   | No                  |     |                   | MMP           |
| Q4045  | CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER   | No                  |     |                   | MMP           |
| Q4046  | CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS  | No                  |     |                   | MMP           |
| Q4047  | CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER   | No                  |     |                   | MMP           |
| Q4048  | CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS  | No                  |     |                   | MMP           |
| Q4049  | FINGER SPLINT, STATIC  | No                  |     |                   | MMP           |
| Q4050  | CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS   | Not Covered         |     |                   | MMP           |
| Q4051  | SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES) | Not Covered         |     |                   | MMP           |

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|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q4074  | ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS | No                  |     |                   | MMP           |
| Q4081  | INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)  | No                  |     |                   | MMP           |
| Q4082  | DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)  | No                  |     |                   | MMP           |
| Q4100  | SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED   | Yes                 |     |                   | MMP           |
| Q4101  | APLIGRAF, PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4102  | OASIS WOUND MATRIX, PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4103  | OASIS BURN MATRIX, PER SQUARE CENTIMETER   | Not Covered         |     |                   | MMP           |
| Q4104  | INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4105  | INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4106  | DERMAGRAFT, PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4107  | GRAFTJACKET, PER SQUARE CENTIMETER   | No                  |     |                   | MMP           |
| Q4108  | INTEGRA MATRIX, PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4114  | INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC   | No                  |     |                   | MMP           |
| Q4116  | ALLODERM, PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4117  | HYALOMATRIX, PER SQUARE CENTIMETER   | Not Covered         |     |                   | MMP           |
| Q4118  | MATRISTEM MICROMATRIX, 1 MG  | Not Covered         |     |                   | MMP           |
| Q4121  | THERASKIN, PER SQUARE CENTIMETER   | No                  |     |                   | MMP           |
| Q4122  | DERMACELL, PER SQUARE CENTIMETER   | No                  | *   |                   | MMP           |
| Q4124  | OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4125  | ARTHROFLEX, PER SQUARE CENTIMETER  | Not Covered         |     |                   | MMP           |
| Q4126  | MEMODERM, PER SQUARE CENTIMETER  | Not Covered         |     |                   | MMP           |
| Q4127  | TALYMED, PER SQUARE CENTIMETER   | No                  |     |                   | MMP           |
| Q4128  | FLEXHD OR ALLOPATCH HD, PER SQUARE CENTIMETER  | No                  |     |                   | MMP           |
| Q4130  | STRATTICE TM, PER SQUARE CENTIMETER  | Not Covered         |     |                   | MMP           |
| Q4133  | Grafix prime, per square centimeter  | No                  |     |                   | MMP           |
| Q4134  | Hmatrix, per square centimeter   | Not Covered         |     |                   | MMP           |
| Q4135  | Mediskin, per square centimeter  | Not Covered         |     |                   | MMP           |
| Q4136  | Ez-derm, per square centimeter   | Not Covered         |     |                   | MMP           |
| Q4137  | Amnioexcel or biodexcel, per square centimeter   | Not Covered         |     |                   | MMP           |
| Q4138  | Biodfence dryflex, per square centimeter   | Not Covered         |     |                   | MMP           |
| Q4139  | Amniomatrix or biodmatrix, injectable, 1 cc  | Not Covered         |     |                   | MMP           |
| Q4140  | Biodfence, per square centimeter   | Not Covered         |     |                   | MMP           |
| Q4141  | Alloskin ac, per square centimeter   | Not Covered         |     |                   | MMP           |
| Q4142  | Xcm biologic tissue matrix, per square centimeter  | Not Covered         |     |                   | MMP           |
| Q4143  | Repriza, per square centimeter   | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                       |                   |               |
|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| Q4145  | Epifix, injectable, 1 mg   | Not Covered         |                       |                   | MMP           |
| Q4146  | Tensix, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4147  | Architect extracellular matrix, per square centimeter                                    | Not Covered         |                       |                   | MMP           |
| Q4148  | Neox 1k, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4149  | Excellagen, 0.1 cc   | Not Covered         |                       |                   | MMP           |
| Q4150  | Allowrap ds or dry, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4151  | Amnioband or guardian, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4152  | Dermapure, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4153  | Dermavest, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4154  | Biovance, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4155  | Neoxflo or clariflo, 1 mg  | Not Covered         |                       |                   | MMP           |
| Q4156  | Neox 100, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4157  | Revitalon, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4158  | Marigen, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4159  | Affinity, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4160  | Nushield, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4161  | Bio-connekt wound matrix, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4162  | Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc | Not Covered         |                       |                   | MMP           |
| Q4163  | Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4164  | Helicoll, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4165  | Keramatrix, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4166  | Cytal, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4167  | Truskin, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4168  | Amnioband, 1 mg  | Not Covered         |                       |                   | MMP           |
| Q4169  | Artacent wound, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4170  | Cygnus, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4171  | Interfyl, 1 mg   | Not Covered         |                       |                   | MMP           |
| Q4173  | Palingen or palingen xplus, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4174  | Palingen or promatrix, 0.36 mg per 0.25 cc   | Not Covered         |                       |                   | MMP           |
| Q4175  | Miroderm, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4176  | Neopatch, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4177  | Floweramniolfo, 0.1 cc   | Not Covered         |                       |                   | MMP           |
| Q4178  | Floweramniopatch, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4179  | Flowerderm, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4180  | Revita, per square centimeter  | Not Covered         |                       |                   | MMP           |
| Q4181  | Amnio wound, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q4182  | Transcyte, per square centimeter   | Not Covered         |                       |                   | MMP           |
| Q5001  | HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5002  | HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5003  | HOSPICE CARE PROVIDED IN NURSING LTC OR NON-SKILLED NURSING                              | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5004  | HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)                                  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5005  | HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5006  | HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY                                      | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5006  | HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY                                      | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5007  | HOSPICE CARE PROVIDED IN LONG-TERM CARE FACILITY (LTCH)                                  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5008  | HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY                                  | No                  | <a href="#">ExGEN</a> |                   | MMP           |

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|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| Q5009  | HOSPICE CARE PROVIDED IN A APLACE NOT OTHERWISE SPECIFIED (NOS)  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5010  | HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| Q5101  | Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram  | No                  |                       |                   | MMP           |
| Q5103  | Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg   | No                  |                       |                   | MMP           |
| Q5104  | Injection, infliximab-abda, biosimilar, (renflexis), 10 mg   | No                  |                       |                   | MMP           |
| Q5105  | Injection, epoetin alfa, biosimilar (Retacrit) (for ESRD on dialysis)  | No                  |                       |                   | MMP           |
| Q5106  | Injection, epoetin alfa, biosimilar (Retacrit) (for non-esrd use)  | No                  |                       |                   | MMP           |
| Q5108  | Injection, pegfilgrastim-jmdb, biosimilar, (fulphila)  | No                  |                       |                   | MMP           |
| Q5110  | Injection, filgrastim-aafi, biosimilar, (nivistym), 1 mg   | No                  |                       |                   | MMP           |
| Q9950  | Injection, sulfur hexafluoride lipid microspheres, per ml  | No                  |                       |                   | MMP           |
| Q9951  | LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML                             | No                  |                       |                   | MMP           |
| Q9953  | INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML  | No                  |                       |                   | MMP           |
| Q9954  | ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML   | No                  |                       |                   | MMP           |
| Q9955  | INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML   | No                  |                       |                   | MMP           |
| Q9956  | INJECTION, OCTAFLUOROPROPANCE MICROSPHERES, PER ML   | No                  |                       |                   | MMP           |
| Q9957  | INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML   | No                  |                       |                   | MMP           |
| Q9958  | HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML                                 | No                  |                       |                   | MMP           |
| Q9959  | HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML                                   | No                  |                       |                   | MMP           |
| Q9960  | HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML                                   | No                  |                       |                   | MMP           |
| Q9961  | HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML                                   | No                  |                       |                   | MMP           |
| Q9962  | HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML                                   | No                  |                       |                   | MMP           |
| Q9963  | HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML                                   | No                  |                       |                   | MMP           |
| Q9964  | HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML                            | No                  |                       |                   | MMP           |
| Q9965  | LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML                                    | No                  |                       |                   | MMP           |
| Q9966  | LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML                                    | No                  |                       |                   | MMP           |
| Q9967  | LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML                                    | No                  |                       |                   | MMP           |
| Q9968  | INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG | No                  |                       |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| Q9969  | Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose              | No                  |     |                   | MMP           |
| Q9976  | Injection, Ferric Pyrophosphate Citrate Solution, 0.01 mg of iron                                      | No                  |     |                   | MMP           |
| Q9982  | Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries                                      | No                  |     |                   | MMP           |
| Q9983  | Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries                                     | No                  |     |                   | MMP           |
| Q9991  | Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg                    | No                  |     |                   | MMP           |
| Q9992  | Injection, buprenorphine extended-release (sublocade), greater than 100 mg                             | No                  |     |                   | MMP           |
| Q9993  | Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg | No                  |     |                   | MMP           |
| Q9994  | In-line cartridge containing digestive enzyme(s) for enteral feeding, each                             | No                  |     |                   | MMP           |
| Q9995  | Injection, emicizumab-kxwh, 0.5 mg   | No                  |     |                   | MMP           |
| S0012  | BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG   | No                  |     |                   | MMP           |
| S0014  | TACRINE HYDROCHLORIDE, 10 MG   | No                  |     |                   | MMP           |
| S0017  | INJECTION, AMINOCAPROIC ACID, 5 GRAMS  | No                  |     |                   | MMP           |
| S0020  | INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML  | No                  |     |                   | MMP           |
| S0021  | INJECTION, CEFOPERAZONE SODIUM, 1 GRAM   | No                  |     |                   | MMP           |
| S0023  | INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG  | No                  |     |                   | MMP           |
| S0028  | INJECTION, FAMOTIDINE, 20 MG   | No                  |     |                   | MMP           |
| S0030  | INJECTION, METRONIDAZOLE, 500 MG   | No                  |     |                   | MMP           |
| S0032  | INJECTION, NAFCILLIN SODIUM, 2 GRAMS   | No                  |     |                   | MMP           |
| S0034  | INJECTION, OFLOXACIN, 400 MG   | No                  |     |                   | MMP           |
| S0039  | INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML  | No                  |     |                   | MMP           |
| S0040  | INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS                                   | No                  |     |                   | MMP           |
| S0073  | INJECTION, AZTREONAM, 500 MG   | No                  |     |                   | MMP           |
| S0074  | INJECTION, CEFOTETAN DISODIUM, 500 MG  | No                  |     |                   | MMP           |
| S0077  | INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG   | No                  |     |                   | MMP           |
| S0078  | INJECTION, FOSPHENYTOIN SODIUM, 750 MG   | No                  |     |                   | MMP           |
| S0080  | INJECTION, PENTAMIDINE ISETHIONATE, 300 MG   | No                  |     |                   | MMP           |
| S0081  | INJECTION, PIPERACILLIN SODIUM, 500 MG   | No                  |     |                   | MMP           |
| S0088  | IMATINIB INJECTION, 100 MG   | No                  |     |                   | MMP           |
| S0090  | SILDENAFIL CITRATE, 25 MG  | No                  |     |                   | MMP           |
| S0091  | TEST, GRANISETRON HYDROCHLORIDE, 1MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0166) | No                  |     |                   | MMP           |
| S0092  | INJECTION, HYDROMORPHONE HYDROCHLORIDE, 250 MG   | No                  |     |                   | MMP           |
| S0093  | INJECTION, MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSION PUMP)                                   | No                  |     |                   | MMP           |
| S0104  | ZIDOVUDINE, ORAL, 100 MG   | No                  |     |                   | MMP           |
| S0106  | BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS                               | No                  |     |                   | MMP           |
| S0108  | MERCAPTOPYRINE, ORAL, 50 MG  | No                  |     |                   | MMP           |
| S0109  | METHADONE, ORAL, 5 MG  | No                  |     |                   | MMP           |
| S0117  | TRETINOIN, TOPICAL, 5 GRAMS  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| S0119  | ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)                                | No                  |                       |                   | MMP           |
| S0122  | INJECTION, MENOTROPINS 75 IU  | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| S0126  | INJECTION FOLLITROPIN ALFA, 75 IU   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| S0128  | INJECTION FOLLITROPIN BETA, 75 IU   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| S0132  | INJECTION, GANIRELIX ACETATE 250 MG   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| S0136  | CLOZAPINE, 25 MG  | No                  |                       |                   | MMP           |
| S0137  | DIDANOSINE (DDL), 25 MG   | No                  |                       |                   | MMP           |
| S0138  | FINASTERIDE, 5 MG   | No                  |                       |                   | MMP           |
| S0139  | MINOXIDIL, 10 MG  | Not Covered         |                       |                   | MMP           |
| S0140  | SAQUINAVIR, 200 MG  | No                  |                       |                   | MMP           |
| S0142  | COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME   | No                  |                       |                   | MMP           |
| S0145  | INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML   | Yes                 | <a href="#">ExGEN</a> |                   | MMP           |
| S0148  | INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG   | Yes                 |                       |                   | MMP           |
| S0155  | STERILE DILUTANT FOR EPOPROSTENOL, 50ML   | No                  |                       |                   | MMP           |
| S0156  | EXEMESTANE, 25 MG   | No                  |                       |                   | MMP           |
| S0157  | BECAPLERMIN GEL 0.01%, 0.5 GM   | No                  |                       |                   | MMP           |
| S0160  | DEXTROAMPHETAMINE SULFATE, 5 MG   | No                  |                       |                   | MMP           |
| S0161  | CALCITROL, 0.25 MG  | No                  |                       |                   | MMP           |
| S0164  | INJECTION, PANTOPRAZOLE SODIUM, 40 MG   | No                  |                       |                   | MMP           |
| S0166  | INJECTION, OLANZAPINE, 2.5 MG   | No                  |                       |                   | MMP           |
| S0169  | CALCITROL, 0.25 MICROGRAM   | No                  |                       |                   | MMP           |
| S0170  | ANASTROZOLE, ORAL, 1MG  | No                  |                       |                   | MMP           |
| S0171  | INJECTION, BUMETANIDE, 0.5MG  | No                  |                       |                   | MMP           |
| S0172  | CHLORAMBUCIL, ORAL, 2MG   | No                  |                       |                   | MMP           |
| S0174  | DOLASETRON MESYLATE, ORAL 50MG  | No                  |                       |                   | MMP           |
| S0175  | FLUTAMIDE, ORAL, 125MG  | No                  |                       |                   | MMP           |
| S0176  | HYDROXYUREA, ORAL, 500MG  | No                  |                       |                   | MMP           |
| S0177  | LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG  | No                  |                       |                   | MMP           |
| S0178  | LOMUSTINE, ORAL, 10MG   | No                  |                       |                   | MMP           |
| S0179  | MEGESTROL ACETATE, ORAL, 20MG   | No                  |                       |                   | MMP           |
| S0182  | PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG  | No                  |                       |                   | MMP           |
| S0183  | PROCHLORPERAZINE MALEATE, ORAL, 5MG   | No                  |                       |                   | MMP           |
| S0187  | TAMOXIFEN CITRATE, ORAL, 10MG   | No                  |                       |                   | MMP           |
| S0189  | TESTOSTERONE PELLETT, 75MG  | Yes                 |                       |                   | MMP           |
| S0190  | MIFEPRISTON, ORAL, 200 MG   | Yes                 | *                     |                   | MMP           |
| S0191  | MISOPROSTOL, ORAL, 200 MCG  | Yes                 | *                     |                   | MMP           |
| S0194  | DIALYSIS/STRESS VITAMIN SUPPLEMENT, ORAL, 100 CAPSULES  | Not Covered         |                       |                   | MMP           |
| S0196  | INJECTABLE POLY-L-LACTIC ACID, RESTORATIVE IMPLANT, 1 ML, FACE (DEEP DERMIS, SUBCUTANEOUS LAYERS)                               | Not Covered         |                       |                   | MMP           |
| S0197  | PRENATAL VITAMINS, 30-DAY SUPPLY  | Not Covered         |                       |                   | MMP           |
| S0199  | MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUD ALL ASSOC SRVCS/SUPP (PT COUNS, OFFICE VISIT, ETC.) NOT DRUGS | Yes                 | *<br>-                |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| S0201  | PARTIAL HOSPITALIZATION SERVICES. LESS THAN 24 HRS, PER DIEM  | No                  |                       |                   | MMP           |
| S0207  | PARAMEDIC INTERCEPT, NON-HOSPITAL BASED ALS SERVICE (NON-VOLUNTARY), NON-TRANSPORT  | Not Covered         |                       |                   | MMP           |
| S0208  | PARAMEDIC INTERCEPT, HOSPITAL-BASED ALS SERVICE (NON-VOLUNTARY), NON-TRANSPORT  | Not Covered         |                       |                   | MMP           |
| S0209  | WHEELCHAIR VAN, MILEAGE, PER MILE   | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| S0220  | MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES OF COMMUNITY AGENCIES TO | Not Covered         |                       |                   | MMP           |
| S0221  | MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES OF COMMUNITY AGENCIES TO | Not Covered         |                       |                   | MMP           |
| S0250  | COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING   | No                  |                       |                   | MMP           |
| S0255  | HOSPICE REFERRAL VISIT (ADVISING PATIENT AND FAMILY OF CARE OPTIONS)  | No                  |                       |                   | MMP           |
| S0257  | COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR END OF LIFE   | No                  |                       |                   | MMP           |
| S0260  | HISTORY AND PHYSICAL (OUTPATIENT OR OFFICE) RELATED TO SURGICAL PROCEDURE (LIST SEPARATE IN ADDITION TO CODE FOR APPROPRIATE EVAL | Not Covered         |                       |                   | MMP           |
| S0265  | GENETIC COUNSELING, UNDER PHYSICIAN SUPERVISION, EACH 15 MINUTES  | No                  |                       |                   | MMP           |
| S0270  | PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)   | No                  |                       |                   | MMP           |
| S0271  | PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)  | No                  |                       |                   | MMP           |
| S0272  | PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)  | No                  |                       |                   | MMP           |
| S0273  | PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT   | No                  |                       |                   | MMP           |
| S0274  | NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT  | No                  |                       |                   | MMP           |
| S0280  | MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, INITIAL PLAN  | No                  |                       |                   | MMP           |
| S0281  | MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, MAINTENANCE OF PLAN   | No                  |                       |                   | MMP           |
| S0285  | Colonoscopy consultation performed prior to a screening colonoscopy procedure   | Not Covered         |                       |                   | MMP           |

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|--|---|---------------------|----------------------|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
| S0302  | COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) SERVICE (LIST IN ADDITION TO CODE FOR APPROPRIATE EVALUATION AND MANAGEMENT SERVICE) | No                  |                      |                   | MMP           |
| S0310  | HOSPITALIST SERVICES (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE   | No                  |                      |                   | MMP           |
| S0311  | Comprehensive management and care coordination for advanced illness, per calendar month   | Yes                 |                      |                   | MMP           |
| S0315  | DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM  | No                  |                      |                   | MMP           |
| S0316  | DISEASE MANAGEMENT PROGRAM; FOLLOWUP/REASSESSMENT   | No                  |                      |                   | MMP           |
| S0317  | DISEASE MANAGEMENT PROGRAM; PER DIEM  | Not Covered         |                      |                   | MMP           |
| S0320  | TELEPHONE CALLS BY A REGISTERED NURSE TO A DISEASE MANAGEMENT PROGRAM MEMBER FOR MONITORING PURPOSES; PER MONTH   | Not Covered         |                      |                   | MMP           |
| S0340  | LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE, INCLUDING ALL SUPPORTIVE SERVICES; FIRST QUARTER / STAGE                      | No                  |                      |                   | MMP           |
| S0341  | LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE, INCLUDING ALL SUPPORTIVE SERVICES; SECOND OR THIRD QUARTER / STAGE            | No                  |                      |                   | MMP           |
| S0342  | LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE, INCLUDING ALL SUPPORTIVE SERVICES; FOURTH QUARTER / STAGE                     | No                  |                      |                   | MMP           |
| S0353  | Treatment planning and care coordination management for cancer initial treatment  | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| S0354  | Treatment planning and care coordination management for cancer established patient with a change of regimen   | Not Covered         | <a href="#">INFO</a> |                   | MMP           |
| S0390  | ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORN, CALLUSES AND/OR NAIL AND PREVENTIVE MAINTANENCE IN SPECIFIC MEDICAL CONDITION                       | No                  | *<br>-               |                   | MMP           |
| S0395  | IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTHER THAN THE MANUFACTURER OF THE ORTHOTIC  | No                  |                      |                   | MMP           |
| S0400  | GLOBAL FEE FOR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY TREATMENT OF KIDNEY STONE(S)   | No                  |                      |                   | MMP           |
| S0500  | DISPOSABLE CONTACT LENS, PER LENS   | No                  | *<br>-               |                   | MMP           |
| S0504  | SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS   | Not Covered         |                      |                   | MMP           |
| S0506  | BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS  | Not Covered         |                      |                   | MMP           |

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| S0508  | TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS   | Not Covered         |        |                   | MMP           |
| S0510  | NON-PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS   | Not Covered         |        |                   | MMP           |
| S0512  | DAILY WEAR SPECIALTY CONTACT LENS, PER LENS   | No                  | *<br>- |                   | MMP           |
| S0514  | COLOR CONTACT LENS, PER LENS  | Not Covered         |        |                   | MMP           |
| S0515  | SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS   | No                  | *<br>- |                   | MMP           |
| S0516  | SAFETY EYEGLASS FRAMES  | Not Covered         |        |                   | MMP           |
| S0518  | SUNGLASSES FRAMES   | Not Covered         |        |                   | MMP           |
| S0580  | POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)  | Not Covered         |        |                   | MMP           |
| S0581  | NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)  | Not Covered         |        |                   | MMP           |
| S0590  | INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPORTED SEPARATELY   | Not Covered         |        |                   | MMP           |
| S0592  | COMPREHENSIVE CONTACT LENS EVALUATION   | Not Covered         |        |                   | MMP           |
| S0595  | DISPENSING NEW SPECTACLE LENSES FOR PATIENT SUPPLIED FRAME  | Not Covered         |        |                   | MMP           |
| S0596  | Phakic intraocular lens for correction of refractive error  | Not Covered         |        |                   | MMP           |
| S0601  | SCREENING PROCTOSCOPY   | No                  |        |                   | MMP           |
| S0610  | ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT   | No                  |        |                   | MMP           |
| S0612  | ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT   | No                  |        |                   | MMP           |
| S0613  | ANNUAL GYNECOLOGICAL EXAMINATION; CLINICAL BREAST EXAMINATION W/O PELVIC  | No                  |        |                   | MMP           |
| S0618  | AUDIOMETRY FOR HEARING AID EVALUATION TO DETERMINE THE LEVEL AND DEGREE   | No                  |        |                   | MMP           |
| S0620  | ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT  | No                  |        |                   | MMP           |
| S0621  | ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED  | No                  |        |                   | MMP           |
| S0622  | PHYSICAL EXAM FOR COLLEGE, NEW OR ESTABLISHED PATIENT   | No                  |        |                   | MMP           |
| S0630  | REMOVAL OF SUTURES; BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY  | No                  |        |                   | MMP           |
| S0800  | LASER IN SITU KERATOMILEUSIS (LASIK)  | No                  |        |                   | MMP           |
| S0810  | PHOTOREFRACTIVE KERATECTOMY (PRK)   | No                  |        |                   | MMP           |
| S0812  | PHOTOTHERAPEUTIC KERATECTOMY (PTK)  | No                  |        |                   | MMP           |
| S1015  | IV TUBING EXTENSION SET   | No                  |        |                   | MMP           |
| S1016  | NON-PVC (POLYVINYL CHLORIDE) INTRAVENOUS ADMINISTRATION SET, FOR USE WITH DRUGS THAT ARE NOT STABLE IN PVC EG, PACLITAXEL | No                  |        |                   | MMP           |
| S1030  | CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE (FOR PHYSICIAN INTERPRETATION OF DATA, USE CPT CODE)           | Not Covered         |        |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| S1031  | CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL, INCLUDING SENSOR, SENSOR REPLACEMENT, AND DOWNLOAD TO MONITOR (FOR PHYSI  | Not Covered         |                       |                   | MMP           |
| S1034  | Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That Communicates With All Of The Devices   | Not Covered         |                       |                   | MMP           |
| S1035  | Sensor; Invasive (eg, Subcutaneous), Disposable, For Use With Artificial Pancreas Device System   | Not Covered         |                       |                   | MMP           |
| S1036  | Transmitter; External, For Use With Artificial Pancreas Device System   | Not Covered         |                       |                   | MMP           |
| S1037  | Receiver (Monitor); External, For Use With Artificial Pancreas Device System  | Not Covered         |                       |                   | MMP           |
| S2053  | TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2054  | TRANSPLANTATION OF MULTIVISCERAL ORGANS   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2055  | HARVESTING OF DONOR MULTIVISCERAL ORGANS, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFTS; FROM CADAVER DONOR  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2060  | LOBAR LUNG TRANSPLANTATION  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2061  | DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION, LIVING DONOR  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2065  | SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2066  | BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING  | No                  |                       |                   | MMP           |
| S2067  | BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR   | No                  |                       |                   | MMP           |
| S2068  | BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERA | No                  |                       |                   | MMP           |
| S2070  | CYSTOURETHROSCOPY W/ URETEROSCOPY AND/OR PYELOSCOPY; W/ ENDOSCOPIC LASER TREATMENT OF URETERAL CALCULI (INC URETERAL CATHERIZATION  | No                  |                       |                   | MMP           |
| S2079  | LAPAROSCOPIC ESOPHAGOMYOTOMY (HELLER TYPE)  | No                  |                       |                   | MMP           |
| S2080  | LASER-ASSISTED UVULOPALATOPLASTY (LAUP)   | Not Covered         |                       |                   | MMP           |
| S2095  | TRANSCATHETER OCCLUSION OR EMOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS  | No                  |                       |                   | MMP           |
| S2102  | ISLET CELL TISSUE TRANSPLANT FROM PANCREAS; ALLOGENEIC  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| S2103  | ADRENAL TISSUE TRANSPLANT TO BRAIN  | Not Covered         |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| S2107  | ADOPTIVE IMMUNOTHERAPY I.E. DEVELOPEMENT OF SPECIFIC ANTI-TUMOR REACTIVITY (E.G., TUMOR-INFILTRATING LYMPHOCYTE THERAPY) PER COUR   | Not Covered         |                       |                   | MMP           |
| S2112  | ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)   | No                  |                       |                   | MMP           |
| S2115  | OSTEOTOMY, PERIACETABULAR, WITH INTERNAL FIXATION   | No                  |                       |                   | MMP           |
| S2117  | ARTHROEREISIS, SUBTALAR   | Not Covered         |                       |                   | MMP           |
| S2118  | METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS   | No                  |                       |                   | MMP           |
| S2120  | LOW DENSITY LIPOPROTEIN (LDL) APHERESIS USING HEPARIN-INDUCED EXTRACORPOREAL LDL PRECIPITATION  | No                  |                       |                   | MMP           |
| S2140  | CORD BLOOD HARVESTING FOR TRANSPLANTATION ALLOGENEIC  | No                  |                       |                   | MMP           |
| S2142  | CORD BLOOD DERIVED STEM CELL FOR TRANSPLANTATION ALLOGENEIC   | No                  |                       |                   | MMP           |
| S2150  | BONE MARROW OR BLOOD-DERIVED PERIPHERIAL STEM CELL HARVESTING AND TRANSPLANTATION, ALLOGENIC OR AUTOLOGOUS, & RELATED COMPLICATION  | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2152  | SOLID ORGAN(S), COMPLETE OR SEGMENTAL, SINGLE ORGAN OR COMBINATION OF ORGANS;   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S2202  | ECHOSCLEROTHERAPY   | Yes                 |                       |                   | MMP           |
| S2205  | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING ARTERIAL GRAFT(S), SINGLE CORONARY ARTERIAL GRAFT        | No                  |                       |                   | MMP           |
| S2206  | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING ARTERIAL GRAFT(S), TWO CORONARY ARTERIAL GRAFTS          | No                  |                       |                   | MMP           |
| S2207  | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING VENOUS GRAFT ONLY, SINGLE CORONARY VENOUS GRAFT          | No                  |                       |                   | MMP           |
| S2208  | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING SINGLE ARTERIAL AND VENOUS GRAFT(S), SINGLE VENOUS GRAFT | No                  |                       |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S2209  | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTOMY SURGERY, PERFORMED UNDER DIRECT VISION; USING TWO ARTERIAL GRAFTS AND SINGLE VENOUS GRAFT        | No                  |     |                   | MMP           |
| S2225  | MYRINGOTOMY, LASER-ASSISTED   | No                  |     |                   | MMP           |
| S2230  | IMPLANTATION OF MAGNETIC COMPONENT OF SEMI-IMPLANTABLE HEARING DEVICE   | No                  |     |                   | MMP           |
| S2235  | IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT   | No                  |     |                   | MMP           |
| S2260  | INDUCED ABORTION, 17 TO 24 WEEKS (DESC REVISED 010107)  | Not Covered         |     |                   | MMP           |
| S2265  | INDUCED ABORTION, 25 TO 28 WEEKS  | Not Covered         |     |                   | MMP           |
| S2266  | INDUCED ABORTION, 29 TO 31 WEEKS  | Not Covered         |     |                   | MMP           |
| S2267  | INDUCED ABORTION, 32 WEEKS OR GREATER   | Not Covered         |     |                   | MMP           |
| S2300  | ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY  | Not Covered         |     |                   | MMP           |
| S2325  | HIP CORE DECOMPRESSION  | No                  |     |                   | MMP           |
| S2340  | CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD  | No                  |     |                   | MMP           |
| S2341  | CHEMODENERVATION OF ADDUCTOR MUSCLE(S) OF VOCAL CORD  | No                  |     |                   | MMP           |
| S2342  | NASAL ENDOSCOPY FOR POST-OPERATIVE DEBRIDEMENT FOLLOWING FUNCTIONAL ENDOSCOPIC SINUS SURGERY, NASAL AND/OR SINUS CAVITY(S), UNILATERAL OR BILATERAL   | No                  |     |                   | MMP           |
| S2348  | DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPLE LEVELS, LUMBAR   | Not Covered         |     |                   | MMP           |
| S2350  | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, SINGLE INTERSPACE  | No                  |     |                   | MMP           |
| S2351  | DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | No                  |     |                   | MMP           |
| S2400  | REPAIR, CONGENITAL DIAPHRAGMATIC HERNIA IN THE FETUS USING TEMPORARY TRACHEAL OCCLUSION, PROCEDURE PERFORMED IN UTERO   | Not Covered         |     |                   | MMP           |
| S2401  | REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PROCEDURE PERFORMED IN UTERO  | No                  |     |                   | MMP           |



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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S2402  | REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO   | No                  |     |                   | MMP           |
| S2403  | REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO   | No                  |     |                   | MMP           |
| S2404  | REPAIR, MYELOMENINGOCELE IN THE FETUS, PROCEDURE PERFORMED IN UTERO   | No                  |     |                   | MMP           |
| S2405  | REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO  | No                  |     |                   | MMP           |
| S2409  | REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORMED IN UTERO, NOT OTHERWISE CLASSIFIED  | Yes                 |     |                   | MMP           |
| S2411  | FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME   | No                  |     |                   | MMP           |
| S2900  | SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | Not Covered         |     |                   | MMP           |
| S3000  | DIABETIC INDICATOR; RETINAL EYE EXAM, DILATED, BILATERAL  | No                  |     |                   | MMP           |
| S3005  | PERFORMANCE MEASUREMENT, EVALUATION OF PATIENT SELF ASSESSMENT, DEPRESSION  | Not Covered         |     |                   | MMP           |
| S3600  | STAT LABORATORY REQUEST (SITUATIONS OTHER THAN S3601)   | Not Covered         |     |                   | MMP           |
| S3601  | EMERGENCY STAT LABORATORY CHARGE FOR PATIENT WHO IS HOMEBOUND OR RESIDING IN A NURSING FACILITY   | Not Covered         |     |                   | MMP           |
| S3620  | NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G. GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLANINE (PKU); AND THYROXINE, TOTAL) | No                  |     |                   | MMP           |
| S3630  | EOSINOPHIL COUNT, BLOOD, DIRECT   | No                  |     |                   | MMP           |
| S3645  | HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE   | No                  |     |                   | MMP           |
| S3650  | SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE  | No                  |     |                   | MMP           |
| S3652  | SALIVA TEST, HORMONE LEVEL; TO ASSESS PRETERM LABOR RISK  | No                  |     |                   | MMP           |
| S3655  | ANTISPERM ANTIBODIES TEST (IMMUNOBEAD)  | No                  | *   |                   | MMP           |
| S3708  | GASTROINTESTINAL FAT ABSORPTION STUDY   | No                  |     |                   | MMP           |
| S3713  | KRAS MUTATION ANALYSIS TESTING  | No                  |     |                   | MMP           |
| S3722  | DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACIL   | No                  |     |                   | MMP           |
| S3800  | GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)   | Not Covered         |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S3818  | COMPLETE GENE SEQUENCE ANALYSIS; BRCA1 GENE  | Yes                 |     |                   | MMP           |
| S3819  | COMPLETE GENE SEQUENCE ANALYSIS; BRCA2 GENE  | Yes                 |     |                   | MMP           |
| S3820  | COMPLETE GENE SEQUENCE ANALYSIS; BRCA1/BRCA2 FOR SUSCEPTIBILITY TO BREAST AND OVARIAN CANCER                                       | Yes                 |     |                   | MMP           |
| S3822  | SINGLE-MUTATION ANALYSIS (IN INDIVIDUAL W/ KNOWN BRCA1/BRCA2 MUTATION IN FAMILY) FOR SUSCEPTIBILITY TO BREAST/OVARIAN CANCER       | Yes                 |     |                   | MMP           |
| S3823  | THREE-MUTATION ANALYSIS; BRCA1/BRCA2 FOR SUSCEPTIBILITY TO BREAST/OVARIAN CANCER IN ASHKENAZI INDIVIDUALS                          | Yes                 |     |                   | MMP           |
| S3852  | DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER'S DISEASE   | Not Covered         |     |                   | MMP           |
| S3900  | SURFACE ELECTROMYOGRAPHY (EMG)   | No                  |     |                   | MMP           |
| S3902  | BALLISTOCARDIOGRAM   | No                  |     |                   | MMP           |
| S3904  | MASTERS TWO STEP   | Not Covered         |     |                   | MMP           |
| S4005  | INTERIM LABOR FACILITY GLOBAL (LABOR OCCURRING BUT NOT RESULTING IN DELIVERY)  | No                  |     |                   | MMP           |
| S4011  | IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION AND INCUBATION OF MATURE OOCYTES, FERTILIZATION WITH SPERM, IN | Not Covered         |     |                   | MMP           |
| S4013  | COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE RATE   | Not Covered         |     |                   | MMP           |
| S4014  | COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT) CASE RATE  | Not Covered         |     |                   | MMP           |
| S4015  | COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE   | Not Covered         |     |                   | MMP           |
| S4016  | FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE   | Not Covered         |     |                   | MMP           |
| S4017  | INCOMPLETE CYCLE, TREATMENT CANCELLED PRIOR TO STIMULATION, CASE RATE  | Not Covered         |     |                   | MMP           |
| S4018  | FROZEN EMBRYO TRANSFERPROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE   | Not Covered         |     |                   | MMP           |
| S4020  | IN VITRO FERTILIZATION PROCEDURE CANCELLED BRFORE ASPIRATION, CASE RATE  | Not Covered         |     |                   | MMP           |
| S4021  | IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE   | Not Covered         |     |                   | MMP           |
| S4022  | ASSISTED OOCYTE FERTILIZATION, CASE RATE   | Not Covered         |     |                   | MMP           |
| S4023  | DONOR CYCLE, INCOMPLETE, CASE RATE   | Not Covered         |     |                   | MMP           |
| S4025  | DONOR SERVICES FOR IN VETRO FERTILIZATION (SPERM OR EMBRYO), CASE RATE   | Not Covered         |     |                   | MMP           |
| S4026  | PROCUREMENT OF DONOR SPERM FROM SPERM BANK   | Not Covered         |     |                   | MMP           |
| S4027  | STORAGE OF PREVIOUSLY FROZEN EMBRYOS   | Not Covered         |     |                   | MMP           |
| S4028  | MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)   | Not Covered         |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| S4030  | SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES, INITIAL VISIT  | Not Covered         |                       |                   | MMP           |
| S4031  | SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES, SUBSEQUENT VISIT   | Not Covered         |                       |                   | MMP           |
| S4035  | STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE   | Not Covered         |                       |                   | MMP           |
| S4037  | CRYOPRESERVED EMBRYO TRANSFER, CASE RATE  | Not Covered         |                       |                   | MMP           |
| S4040  | MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS  | Not Covered         |                       |                   | MMP           |
| S4042  | MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE | Not Covered         |                       |                   | MMP           |
| S4981  | INSERTION OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM   | No                  |                       |                   | MMP           |
| S4989  | CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD),  | No                  |                       |                   | MMP           |
| S4993  | CONTRACEPTIVE PILLS FOR BIRTH CONTROL   | No                  |                       |                   | MMP           |
| S5000  | PRESCRIPTION DRUG, GENERIC  | Yes                 |                       |                   | MMP           |
| S5001  | PRESCRIPTION DRUG, BRAND NAME   | Yes                 |                       |                   | MMP           |
| S5010  | 5% DEXTROSE AND 0.45% NORMAL SALINE, 1000 ML  | No                  |                       |                   | MMP           |
| S5012  | 5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML  | No                  |                       |                   | MMP           |
| S5013  | 5% DEXTROSE/0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAG SULFATE   | No                  |                       |                   | MMP           |
| S5014  | 5% DEXTROSE/0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAG SULFATE   | No                  |                       |                   | MMP           |
| S5035  | HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE (E.G. PUMP MAINTENANCE)   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S5036  | HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE (E.G. PUMP REPAIR)   | No                  | <a href="#">ExGEN</a> |                   | MMP           |
| S5100  | DAY CARE SERVICES, ADULT; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| S5101  | DAY CARE SERVICES, ADULT; PER HALF DAY  | Not Covered         |                       |                   | MMP           |
| S5102  | DAY CARE SERVICES, ADULT; PER DIEM  | Not Covered         |                       |                   | MMP           |
| S5105  | DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM   | Not Covered         |                       |                   | MMP           |
| S5108  | HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES  | No                  |                       |                   | MMP           |
| S5109  | HOME CARE TRAINING TO HOME CARE CLIENT, PER DIEM  | No                  |                       |                   | MMP           |
| S5110  | HOME CARE TRAINING, FAMILY; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| S5111  | HOME CARE TRAINING, FAMILY; PER SESSION   | No                  |                       |                   | MMP           |
| S5115  | HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| S5116  | HOME CARE TRAINING, NON-FAMILY; PER SESSION   | No                  |                       |                   | MMP           |
| S5120  | CHORE SERVICES; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| S5121  | CHORE SERVICES; PER DIEM  | Not Covered         |                       |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S5125  | ATTENDANT CARE SERVICES; PER 15 MINUTES   | Not Covered         |     |                   | MMP           |
| S5126  | ATTENDANT CARE SERVICES; PER DIEM   | Not Covered         |     |                   | MMP           |
| S5130  | HOMEMAKER SERVICE, NOS; PER 15 MINUTES  | Not Covered         |     |                   | MMP           |
| S5131  | HOMEMAKER SERVICE, NOS; PER DIEM  | Not Covered         |     |                   | MMP           |
| S5135  | COMPANION CARE, ADULT (E.G. IADL/ADL); PER 15 MINUTES   | Not Covered         |     |                   | MMP           |
| S5136  | COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM   | Not Covered         |     |                   | MMP           |
| S5140  | FOSTER CARE, ADULT; PER DIEM  | Not Covered         |     |                   | MMP           |
| S5141  | FOSTER CARE, ADULT; PER MONTH   | Not Covered         |     |                   | MMP           |
| S5145  | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM   | Not Covered         |     |                   | MMP           |
| S5146  | FOSTER CARE, THERAPEUTIC, CHILD; PER MONTH  | Not Covered         |     |                   | MMP           |
| S5150  | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES   | Not Covered         |     |                   | MMP           |
| S5151  | UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM   | Not Covered         |     |                   | MMP           |
| S5160  | EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING   | Not Covered         |     |                   | MMP           |
| S5161  | EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION AND TESTING)   | Not Covered         |     |                   | MMP           |
| S5162  | EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY  | Not Covered         |     |                   | MMP           |
| S5165  | HOME MODIFICATIONS; PER SERVICE   | Not Covered         |     |                   | MMP           |
| S5170  | HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL   | Not Covered         |     |                   | MMP           |
| S5175  | LAUNDRY SERVICE, EXTERNAL, PROFESSIONAL; PER ORDER  | Not Covered         |     |                   | MMP           |
| S5180  | HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION   | No                  |     |                   | MMP           |
| S5181  | HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM  | No                  |     |                   | MMP           |
| S5185  | MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH  | Not Covered         |     |                   | MMP           |
| S5190  | WELLNESS ASSESSMENT, PERFORMED BY NON-PHYSICIAN   | Not Covered         |     |                   | MMP           |
| S5199  | PERSONAL CARE ITEM, NOS EACH  | Not Covered         |     |                   | MMP           |
| S5497  | HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | Not Covered         |     |                   | MMP           |
| S5498  | HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM    | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S5501  | HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | No                  |     |                   | MMP           |
| S5502  | HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (USE THIS CODE FOR INTERIM MAINTENANCE OF VASCULAR ACCESS NOT CURRENTLY IN USE) | No                  |     |                   | MMP           |
| S5517  | HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER PATENCY OR DECLOTTING  | No                  |     |                   | MMP           |
| S5518  | HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR  | No                  |     |                   | MMP           |
| S5520  | HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) LINE INSERTION   | No                  |     |                   | MMP           |
| S5521  | HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A MIDLINE CATHETER INSERTION  | No                  |     |                   | MMP           |
| S5522  | HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)   | No                  |     |                   | MMP           |
| S5523  | HOME INFUSION THERAPY, INSERT MIDLINE VENOUS CATHETER, NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)  | No                  |     |                   | MMP           |
| S5550  | INSULIN, RAPID ONSET; 5 UNITS  | Not Covered         |     |                   | MMP           |
| S5551  | INSULIN, MOST RAPID ONSET (LISPRO OR ASPART); 5 UNITS  | Not Covered         |     |                   | MMP           |
| S5552  | INSULIN, INTERMEDIATE ACTING (NPH OR LENTE); 5 UNITS   | Not Covered         |     |                   | MMP           |
| S5553  | INSULIN, LONG ACTING; 5 UNITS  | Not Covered         |     |                   | MMP           |
| S8030  | SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON BEAM THERAPY  | Yes                 |     |                   | MMP           |
| S8035  | MAGNETIC SOURCE IMAGING  | No                  |     |                   | MMP           |
| S8037  | MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)   | Yes                 |     |                   | MMP           |
| S8040  | TOPOGRAPHIC BRAIN MAPPING  | No                  |     |                   | MMP           |
| S8042  | MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD  | Yes                 |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S8049  | INTRAOPERATIVE RADIATION THERAPY (SINGLE ADMINISTRATION)   | No                  |     |                   | MMP           |
| S8055  | ULTRASOUND GUIDANCE FOR MULTIFETAL PREGNANCY REDUCTION(S), TECHNICAL COMPONENT (ONLY TO BE USED WHEN THE PHYSICIAN DOING THE REDUCTION PROCEDURE DOES NOT PERFORM THE ULTRASOUND, GUIDANCE IS INCLUDED IN THE CPT CODE FOR MULTIFETAL PREGNANCY REDUCTION - 59866) | Not Covered         |     |                   | MMP           |
| S8080  | SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCLUDING SUPPLY OF RADIOPHARMACEUTICAL   | Not Covered         |     |                   | MMP           |
| S8085  | FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL-HEAD COINCIDENCE DETECTION SYSTEM (NON-DEDICATED PET SCAN)  | Not Covered         |     |                   | MMP           |
| S8092  | ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)  | Not Covered         |     |                   | MMP           |
| S8301  | INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED  | Not Covered         |     |                   | MMP           |
| S8415  | SUPPLIES FOR HOME DELIVERY OF INFANT   | Not Covered         |     |                   | MMP           |
| S8930  | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient  | Not Covered         |     |                   | MMP           |
| S8940  | EQUESTRIAN/HIPPOTHERAPY, PER SESSION   | Not Covered         |     |                   | MMP           |
| S8948  | APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR, EACH 15 MIN  | Not Covered         |     |                   | MMP           |
| S8950  | COMPLEX LYMPHEDEMA THERAPY, EACH 15 MINUTES  | No                  |     |                   | MMP           |
| S8990  | PHYSICAL OR MANIPULATIVE THERAPY PERFORMED FOR MAINTENANCE RATHER THAN RESTORATION   | Not Covered         |     |                   | MMP           |
| S9007  | ULTRAFILTRATION MONITOR  | Not Covered         |     |                   | MMP           |
| S9024  | PARANASAL SINUS ULTRASOUND   | No                  |     |                   | MMP           |
| S9025  | OMNICARDIOGRAM/CARDIOINTEGRAM  | No                  |     |                   | MMP           |
| S9034  | EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY FOR GALL STONES (IF PERFORMED WITH ERCP, USE 43265)   | No                  |     |                   | MMP           |
| S9055  | PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PROMOTE WOUND HEALING   | Not Covered         |     |                   | MMP           |
| S9056  | COMA STIMULATION PER DIEM  | Not Covered         |     |                   | MMP           |
| S9061  | HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), per diem                        | No                  |     |                   | MMP           |
| S9083  | GLOBAL FEE URGENT CARE CENTERS   | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key   | Rider Requirement | Product Lines |
| S9088  | SERVICES PROVIDED IN AN URGENT CARE CENTER  | No                  |       |                   | MMP           |
| S9090  | VERTEBRAL AXIAL DECOMPRESSION, PER SESSION  | Not Covered         |       |                   | MMP           |
| S9097  | HOME VISIT FOR WOUND CARE   | No                  |       |                   | MMP           |
| S9098  | HOME VISIT, PHOTOTHERAPY SERVICES (E.G. BILI-LITE), INCLUDING EQUIPMENT RENTAL, NURSING SERVICES, BLOOD DRAW, SUPPLIES, AND OTHER SERVICES, PER DIEM                          | No                  |       |                   | MMP           |
| S9110  | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month | Not Covered         |       |                   | MMP           |
| S9117  | BACK SCHOOL, PER VISIT  | Not Covered         |       |                   | MMP           |
| S9122  | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR   | No                  | ExGEN |                   | MMP           |
| S9123  | NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)                           | No                  |       |                   | MMP           |
| S9124  | NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR  | No                  |       |                   | MMP           |
| S9125  | RESPIRE CARE, IN THE HOME, PER DIEM   | No                  |       |                   | MMP           |
| S9126  | HOSPICE CARE, IN THE HOME, PER DIEM   | No                  |       |                   | MMP           |
| S9127  | SOCIAL WORK VISIT, IN THE HOME, PER DIEM  | No                  |       |                   | MMP           |
| S9128  | SPEECH THERAPY, IN THE HOME, PER DIEM   | No                  | *     |                   | MMP           |
| S9129  | OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM   | No                  |       |                   | MMP           |
| S9131  | PHYSICAL THERAPY; IN THE HOME, PER DIEM   | No                  |       |                   | MMP           |
| S9140  | DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO NON-MD PROVIDER   | No                  |       |                   | MMP           |
| S9141  | DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO MD PROVIDER   | No                  |       |                   | MMP           |
| S9145  | INSULIN PUMP INITIATION, INSTRUCTION IN INITIAL USE OF PUMP   | No                  |       |                   | MMP           |
| S9150  | EVALUATION BY OCULARIST   | No                  |       |                   | MMP           |
| S9152  | SPEECH THERAPY, RE-EVALUATION   | No                  | *     |                   | MMP           |
| S9208  | HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NE  | No                  |       |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9209  | HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE) | No                  |     |                   | MMP           |
| S9211  | HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)                       | No                  |     |                   | MMP           |
| S9212  | HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)                        | No                  |     |                   | MMP           |
| S9213  | HOME MANAGEMENT OF PREECLAMPSIA, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)                                   | No                  |     |                   | MMP           |
| S9214  | HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)                           | No                  |     |                   | MMP           |
| S9325  | HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9326, S9327 OR S9328)                                     | No                  |     |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9326  | HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM      | No                  |     |                   | MMP           |
| S9327  | HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |
| S9328  | HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM                             | No                  |     |                   | MMP           |
| S9329  | HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9330 OR S9331)    | No                  |     |                   | MMP           |
| S9330  | HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM        | No                  |     |                   | MMP           |
| S9331  | HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM    | No                  |     |                   | MMP           |
| S9335  | HOME THERAPY, HEMODIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SRVCS, CARE COORDINATION,SUPPLIES & EQUIPMENT,PER DIEM  | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9336  | HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G. HEPARIN), ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9338  | HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | No                  |     |                   | MMP           |
| S9339  | HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9340  | HOME THERAPY; INTERNAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SU   | No                  |     |                   | MMP           |
| S9341  | HOME THERAPY; INTERNAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL  | No                  |     |                   | MMP           |
| S9342  | HOME THERAPY; INTERNAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NEC   | No                  |     |                   | MMP           |
| S9343  | HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NEC   | No                  |     |                   | MMP           |
| S9345  | HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR VIII); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9346  | HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | No                  |     |                   | MMP           |
| S9347  | HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR SUBCUTANEOUS INFUSION THERAPY (E.G. EPOPROSTENOL); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |
| S9348  | HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9349  | HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | Not Covered         |     |                   | MMP           |
| S9351  | HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9353  | HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9355  | HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | No                  |     |                   | MMP           |
| S9357  | HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G. IMIGLUCERASE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM       | No                  |     |                   | MMP           |
| S9359  | HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G. INFLIXIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |
| S9361  | HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM                                      | No                  |     |                   | MMP           |
| S9363  | HOME INFUSION THERAPY, ANTI-SPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9364  | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMIN SRVCS, PROF PHARMACY SRVCS, CARE COORD INC STANDARD TPN FORMULA   | No                  |     |                   | MMP           |
| S9365  | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); 1 LITER P/DAY, ADMIN SRVCS, PROF PHARMACY SRVCS, CARE COORD, INC TPN FRM  | No                  |     |                   | MMP           |
| S9366  | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN 1 LITER BUT NO MORE THAN 2 LITERS P/DAY, ADMIN SRV, PROF PHARMA   | No                  |     |                   | MMP           |
| S9367  | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN 2 LITERS BUT NO MORE THAN 3 LITERS P/DAY, ADMIN/PROF PHARM SRVC   | No                  |     |                   | MMP           |

**Services that require Prior Authorization List**

| Code  | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--|---------------------|-----|-------------------|---------------|
| S9368 | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN 3 LITERS P/DAY, ADMIN SRVCS, PROF PHARM SRVCS, CARE COORD   | No                  |     |                   | MMP           |
| S9370 | HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | No                  |     |                   | MMP           |
| S9372 | HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE FOR FLUSHING OF INFUSION DEVICES WITH HEPARIN TO MAINTAIN PATENCY) | No                  |     |                   | MMP           |
| S9373 | HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HYDRATION THERAPY CODES S9374-S9377 USING DAILY VOLUME SCALES)   | No                  |     |                   | MMP           |
| S9374 | HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9375 | HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9376 | HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9377  | HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |
| S9379  | HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM        | No                  |     |                   | MMP           |
| S9381  | DELIVERY OR SERVICE TO HIGH RISK AREAS REQUIRING ESCORT OR EXTRA PROTECTION, PER VISIT   | Not Covered         |     |                   | MMP           |
| S9401  | ANTICOAGULATION CLINIC, INCLUSIVE OF ALL SERVICES EXCEPT LABORATORY TESTS, PER SESSION   | No                  |     |                   | MMP           |
| S9430  | PHARMACY COMPOUNDING AND DISPENSING SERVICES   | No                  |     |                   | MMP           |
| S9433  | MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE   | Not Covered         |     |                   | MMP           |
| S9434  | MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM  | Not Covered         |     |                   | MMP           |
| S9435  | MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM  | Not Covered         |     |                   | MMP           |
| S9436  | CHILDBIRTH PREPARATION/LAMAZE CLASSES, NON-PHYSICIAN PROVIDER,   | No                  |     |                   | MMP           |
| S9437  | CHILDBIRTH REFRESHER CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | No                  |     |                   | MMP           |
| S9438  | CESAREAN BIRTH CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | Not Covered         |     |                   | MMP           |
| S9439  | VBAC (VAGINAL BIRTH AFTER CESAREAN) CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | Not Covered         |     |                   | MMP           |
| S9441  | ASTHMA EDUCATION, NON-PHYSICIAN PROVIDER, PER SESSION  | No                  |     |                   | MMP           |
| S9442  | BIRTHING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | No                  |     |                   | MMP           |
| S9443  | LACTATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | No                  |     |                   | MMP           |
| S9444  | PARENTING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | Not Covered         |     |                   | MMP           |
| S9445  | PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION   | Not Covered         |     |                   | MMP           |
| S9446  | PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9447  | INFANT SAFETY (INCLUDING CPR) CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | Not Covered         |     |                   | MMP           |
| S9449  | WEIGHT MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | Not Covered         |     |                   | MMP           |
| S9451  | EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | Not Covered         |     |                   | MMP           |
| S9452  | NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | Not Covered         |     |                   | MMP           |
| S9453  | SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | No                  |     |                   | MMP           |
| S9454  | STRESS MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | Not Covered         |     |                   | MMP           |
| S9455  | DIABETIC MANAGEMENT PROGRAM, GROUP SESSION  | No                  |     |                   | MMP           |
| S9460  | DIABETIC MANAGEMENT PROGRAM, NURSE VISIT  | No                  |     |                   | MMP           |
| S9465  | DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT  | No                  |     |                   | MMP           |
| S9470  | NUTRITIONAL COUNSELING, DIETITIAN VISIT   | No                  | *   |                   | MMP           |
| S9472  | CARDIAC REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM  | No                  |     |                   | MMP           |
| S9473  | PULMONARY REHABILITATION PROGRAM, NON PHYSICIAN PROVIDER, PER DIEM  | No                  |     |                   | MMP           |
| S9474  | ENTEROSTOMAL THERAPY BY A REGISTERED NURSE CERTIFIED IN ENTEROSTOMAL  | No                  |     |                   | MMP           |
| S9476  | VESTIBULAR REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM   | No                  |     |                   | MMP           |
| S9482  | FAMILY STABILIZATION SERVICES, PER 15 MINUTES   | Not Covered         |     |                   | MMP           |
| S9490  | HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9494  | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH HOME INFUSION CODES FOR HOURLY DOSING SCHEDULES S9497-S9504) | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9497  | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 3 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9500  | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |
| S9501  | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |
| S9502  | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 8 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9503  | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM          | No                  |     |                   | MMP           |
| S9504  | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM          | No                  |     |                   | MMP           |
| S9529  | ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HOME BOUND, NURSING HOME, OR SKILLED NURSING FACILITY PATIENT   | Not Covered         |     |                   | MMP           |



| Services that require Prior Authorization List |  |                     |     |                   |               |
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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9537  | HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G. ERYTHROPOIETIN, G-CSF, GM-CSF); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | No                  |     |                   | MMP           |
| S9538  | HOME TRANSFUSION OF BLOOD PRODUCT(S); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | No                  |     |                   | MMP           |
| S9542  | HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM                                | Not Covered         |     |                   | MMP           |
| S9558  | HOME INJECTABLE THERAPY; GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9559  | HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | No                  |     |                   | MMP           |
| S9560  | HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM          | No                  |     |                   | MMP           |
| S9562  | HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATIVE SERVICES  | No                  |     |                   | MMP           |
| S9590  | HOME THERAPY, IRRIGATION THERAPY (E.G. STERILE IRRIGATION OF AN ORGAN OR)  | No                  |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |     |                   |               |
|--|--|---------------------|-----|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| S9810  | HOME THERAPY; PROFESSIONAL PHARMACY SERVICES FOR PROVISION OF INFUSION, SPECIALTY DRUG ADMINISTRATION, AND/OR DISEASE STATE MANAGEMENT, NOT OTHERWISE CLASSIFIED, PER HOUR (DO NOT USE THIS CODE WITH ANY PER DIEM CODE) | No                  |     |                   | MMP           |
| S9900  | SERVICES BY AUTHORIZED CHRISTIAN SCIENCE PRACTITIONER FOR THE PROCESS OF HEALING, PER DIEM; NOT TO BE USED FOR REST OR STUDY; EXCLUDES IN-PATIENT SERVICES   | Not Covered         |     |                   | MMP           |
| S9901  | Services by a journal-listed christian science nurse, per hour   | Not Covered         |     |                   | MMP           |
| S9960  | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)   | Not Covered         |     |                   | MMP           |
| S9961  | Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)   | Not Covered         |     |                   | MMP           |
| S9970  | HEALTH CLUB MEMBERSHIP, ANNUAL   | Not Covered         |     |                   | MMP           |
| S9975  | TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM   | Not Covered         |     |                   | MMP           |
| S9976  | LODGING, PER DIEM, NOT OTHERWISE CLASSIFIED  | Not Covered         |     |                   | MMP           |
| S9977  | MEALS, PER DIEM, NOT OTHERWISE SPECIFIED   | Not Covered         |     |                   | MMP           |
| S9981  | MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE  | Not Covered         |     |                   | MMP           |
| S9982  | MEDICAL RECORDS COPYING FEE, PER PAGE  | Not Covered         |     |                   | MMP           |
| S9986  | NOT MEDICALLY NECESSARY SERVICE (PATIENT IS AWARE THAT SERVICE NOT MEDICALLY NECESSARY)  | Not Covered         |     |                   | MMP           |
| S9988  | SERVICES PROVIDED AS PART OF A PHASE I CLINICAL TRIAL  | Not Covered         |     |                   | MMP           |
| S9989  | SERVICES PROVIDED OUTSIDE OF THE UNITED STATES OF AMERICA (LIST IN ADDITION TO CODE(S) FOR SERVICES(S))  | Not Covered         |     |                   | MMP           |
| S9990  | SERVICES PROVIDED AS PART OF A PHASE II CLINICAL TRIAL   | No                  |     |                   | MMP           |
| S9991  | SERVICES PROVIDED AS PART OF A PHASE III CLINICAL TRIAL  | Yes                 |     |                   | MMP           |
| S9992  | TRANSPORTATION COSTS TO AND FROM TRIAL LOCATION AND LOCAL TRANSPORTATION COSTS (E.G. FARES FOR CAB OR BUS) FOR CLINICAL CAREGIVER/   | Not Covered         |     |                   | MMP           |
| S9994  | LODGING COSTS (E.G. HOTEL CHARGES) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/ COMPANION   | Not Covered         |     |                   | MMP           |
| S9996  | MEALS FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION   | Not Covered         |     |                   | MMP           |
| S9999  | SALES TAX  | Not Covered         |     |                   | MMP           |
| T1000  | PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES  | Not Covered         |     |                   | MMP           |
| T1001  | NURSING ASSESSMENT/EVALUATION  | Not Covered         |     |                   | MMP           |
| T1002  | RN SERVICES, UP TO 15 MINUTES  | Not Covered         |     |                   | MMP           |

| Services that require Prior Authorization List |  |                     |       |                   |               |
|--|--|---------------------|-------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key   | Rider Requirement | Product Lines |
| T1003  | LPN/LVN SERVICES UP TO 15 MINUTES  | Not Covered         |       |                   | MMP           |
| T1004  | SERVICES OF A QUALIFIED NURSING AID, UP TO 15 MINUTES  | Not Covered         |       |                   | MMP           |
| T1005  | RESPIRE CARE SERVICES, UP TO 15 MINUTES  | Not Covered         |       |                   | MMP           |
| T1006  | ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING  | Not Covered         |       |                   | MMP           |
| T1007  | ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION  | Not Covered         |       |                   | MMP           |
| T1009  | CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES                            | Not Covered         |       |                   | MMP           |
| T1010  | MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES(WHEN MEALS NOT INCLUDED IN THE PROGRAM)                    | Not Covered         |       |                   | MMP           |
| T1012  | ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPEMENT   | Not Covered         |       |                   | MMP           |
| T1013  | SIGN LANGUAGE OR ORAL INTERPRETER SERVICES   | Not Covered         |       |                   | MMP           |
| T1014  | TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY   | Not Covered         |       |                   | MMP           |
| T1015  | CLINIC VISIT/ENCOUNTER, ALL INCLUSIVE  | Not Covered         |       |                   | MMP           |
| T1016  | CASE MANAGEMENT, EACH 15 MINUTES   | Not Covered         |       |                   | MMP           |
| T1017  | TARGETED CASE MANAGEMENT, EACH 15 MINUTES  | Not Covered         |       |                   | MMP           |
| T1018  | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED  | Not Covered         |       |                   | MMP           |
| T1019  | PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATEINT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF T | Not Covered         |       |                   | MMP           |
| T1020  | PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD. PART OF THE IND | Not Covered         |       |                   | MMP           |
| T1021  | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT   | Not Covered         | ExGEN |                   | MMP           |
| T1022  | CONTRACTED HOME HEALTH AGENC SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT,   | Not Covered         |       |                   | MMP           |
| T1023  | SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL   | Not Covered         |       |                   | MMP           |
| T1024  | EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE  | Not Covered         |       |                   | MMP           |
| T1025  | INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO   | Not Covered         |       |                   | MMP           |
| T1026  | INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO   | Not Covered         |       |                   | MMP           |
| T1027  | FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES   | Not Covered         |       |                   | MMP           |

| Services that require Prior Authorization List |  |                     |                       |                   |               |
|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| T1028  | ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY                                    | Not Covered         |                       |                   | MMP           |
| T1029  | COMPREHENSIVE ENVIRONMENT LEAD INVESTIGATION, NOT INCLUDING LABORATORY   | Not Covered         |                       |                   | MMP           |
| T1030  | NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM   | Not Covered         |                       |                   | MMP           |
| T1031  | NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM   | Not Covered         |                       |                   | MMP           |
| T1040  | Medicaid certified community behavioral health clinic services, per diem   | Not Covered         |                       |                   | MMP           |
| T1041  | Medicaid certified community behavioral health clinic services, per month  | Not Covered         |                       |                   | MMP           |
| T1502  | ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH                                   | Not Covered         |                       |                   | MMP           |
| T1503  | ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJECTABLE, BY A HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT | Not Covered         |                       |                   | MMP           |
| T1999  | MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE                                    | Yes                 |                       |                   | MMP           |
| T2001  | NON- EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| T2002  | NON-EMERGENCY TRANSPORTATION; PER DIEM   | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| T2003  | NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP   | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| T2004  | NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| T2005  | NON-EMERGENCY TRANSPORTATION; STRETCHER VAN  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| T2007  | TRANSPORTATION WAITING TIME, AIR AMBULANCE AND NON-EMERGENCY VEHICLE, ONE-HALF                                   | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| T2010  | PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I IDENTIFICATION SCREENING, PER SCREEN                  | Not Covered         |                       |                   | MMP           |
| T2011  | PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL II IDENTIFICATION SCREENING, PER EVALUATION             | Not Covered         |                       |                   | MMP           |
| T2012  | HABILITATION, EDUCATIONAL, WAIVER; PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2013  | HABILITATION, EDUCATIONAL, WAIVER; PER HOUR  | Not Covered         |                       |                   | MMP           |
| T2014  | HABILITATION, PREVOCATIONAL, WAIVER; PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2015  | HABILITATION, PREVOCATIONAL, WAIVER; PER HOUR  | Not Covered         |                       |                   | MMP           |
| T2016  | HABILITATION, RESIDENTIAL, WAIVER; PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2017  | HABILITATION, RESIDENTIAL, WAIVER; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| T2018  | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM   | Not Covered         |                       |                   | MMP           |
| T2019  | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES   | Not Covered         |                       |                   | MMP           |

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|--|--|---------------------|-----------------------|-------------------|---------------|
| Code   | Description  | Prior Auth Required | Key                   | Rider Requirement | Product Lines |
| T2020  | DAY HABILITATION, WAIVER; PER DIEM   | Not Covered         |                       |                   | MMP           |
| T2021  | ASSISTED LIVING; WAIVER, PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2022  | CASE MANAGEMENT; PER MONTH   | Not Covered         |                       |                   | MMP           |
| T2023  | TARGETED CASE MANAGEMENT; PER MONTH  | Not Covered         |                       |                   | MMP           |
| T2024  | SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER  | Not Covered         |                       |                   | MMP           |
| T2025  | WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)   | Not Covered         |                       |                   | MMP           |
| T2026  | SPECIALIZED CHILDCARE, WAIVER; PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2027  | SPECIALIZED CHILDCARE, WAIVER; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| T2028  | SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED (NOS), WAIVER  | Not Covered         |                       |                   | MMP           |
| T2029  | SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED (NOS), WAIVER   | Not Covered         |                       |                   | MMP           |
| T2030  | ASSISTED LIVING, WAIVER; PER MONTH   | Not Covered         |                       |                   | MMP           |
| T2031  | ASSISTED LIVING, WAIVER; PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2032  | RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH   | Not Covered         |                       |                   | MMP           |
| T2033  | RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2034  | CRISIS INTERVENTION, WAIVER; PER DIEM  | Not Covered         |                       |                   | MMP           |
| T2035  | UTILITY SERVICES TO SUPPORT MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY/DEVICES, WAIVER   | Not Covered         |                       |                   | MMP           |
| T2036  | THERAPEUTIC CAMPING, OVERNIGHT, WAIVER; EACH SESSION   | Not Covered         |                       |                   | MMP           |
| T2037  | THERAPEUTIC CAMPING, DAY, WAIVER; EACH SESSION   | Not Covered         |                       |                   | MMP           |
| T2038  | COMMUNITY TRANSITION, WAIVER; PER SERVICE  | Not Covered         |                       |                   | MMP           |
| T2039  | VEHICLE MODIFICATIONS, WAIVER; PER SERVICE   | Not Covered         |                       |                   | MMP           |
| T2040  | FINANCIAL MANAGEMENT, SELF-DIRECTED, WAIVER; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| T2041  | SUPPORTS BROKERAGE, SELF-DIRECTED, WAIVER; PER 15 MINUTES  | Not Covered         |                       |                   | MMP           |
| T2042  | HOSPICE ROUTINE HOME CARE, PER DIEM  | Not Covered         | <a href="#">ExGEN</a> |                   | MMP           |
| T2043  | HOSPICE CONTINUOUS HOME CARE, PER HOUR   | Not Covered         |                       |                   | MMP           |
| T2044  | HOSPICE INPATIENT RESPITE CARE; PER DIEM   | Not Covered         |                       |                   | MMP           |
| T2045  | HOSPICE GENERAL INPATIENT CARE; PER DIEM   | Not Covered         |                       |                   | MMP           |
| T2046  | HOSPICE LONG TERM CARE, R&B ONLY, PER DIEM   | Not Covered         |                       |                   | MMP           |
| T2048  | BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESID TREATMENT PROG STAY MORE THAN 30 DAYS) W/ ROOM&BOARD PD | Not Covered         |                       |                   | MMP           |
| T2049  | NON-EMERGENCY TRANSPORTATION; STRECTHER VAN, MILEAGE; PER MILE   | Not Covered         |                       |                   | MMP           |

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| T2101  | HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY   | Not Covered         |     |                   | MMP           |
| T4544  | Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each                  | Not Covered         |     |                   | MMP           |
| V2020  | FRAMES, PURCHASES   | No                  | *   |                   | MMP           |
| V2025  | DELUXE FRAME  | No                  | *   |                   | MMP           |
| V2100  | SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS  | No                  | *   |                   | MMP           |
| V2101  | SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS  | No                  | -   |                   | MMP           |
| V2102  | SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS   | No                  |     |                   | MMP           |
| V2103  | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS                 | No                  |     |                   | MMP           |
| V2104  | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS                | No                  |     |                   | MMP           |
| V2105  | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS                | No                  |     |                   | MMP           |
| V2106  | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS                   | No                  |     |                   | MMP           |
| V2107  | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS     | No                  |     |                   | MMP           |
| V2108  | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS  | No                  |     |                   | MMP           |
| V2109  | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS   | No                  |     |                   | MMP           |
| V2110  | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS                    | No                  |     |                   | MMP           |
| V2111  | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS   | No                  |     |                   | MMP           |
| V2112  | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS | No                  |     |                   | MMP           |
| V2113  | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS  | No                  |     |                   | MMP           |
| V2114  | SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS   | No                  |     |                   | MMP           |
| V2115  | LENTICULAR, (MYODISC), PER LENS, SINGLE VISION  | No                  |     |                   | MMP           |
| V2118  | ANISEIKONIC LENS, SINGLE VISION   | No                  |     |                   | MMP           |

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| Code   | Description  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| V2121  | LENTICULAR LENS, PER LENS, SINGLE  | No                  |     |                   | MMP           |
| V2199  | NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS   | Yes                 |     |                   | MMP           |
| V2200  | SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS  | No                  | *   |                   | MMP           |
| V2201  | SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS   | No                  | -   |                   | MMP           |
| V2202  | SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS  | No                  |     |                   | MMP           |
| V2203  | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS                | No                  |     |                   | MMP           |
| V2204  | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS               | No                  |     |                   | MMP           |
| V2205  | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS               | No                  |     |                   | MMP           |
| V2206  | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS               | No                  |     |                   | MMP           |
| V2207  | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS   | No                  |     |                   | MMP           |
| V2208  | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS  | No                  |     |                   | MMP           |
| V2209  | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS  | No                  |     |                   | MMP           |
| V2210  | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS     | No                  |     |                   | MMP           |
| V2211  | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 25 TO 2.25D CYLINDER, PER LENS   | No                  |     |                   | MMP           |
| V2212  | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS | No                  |     |                   | MMP           |
| V2213  | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS | No                  |     |                   | MMP           |
| V2214  | SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS  | No                  |     |                   | MMP           |
| V2215  | LENTICULAR (MYODISC), PER LENS, BIFOCAL  | No                  |     |                   | MMP           |
| V2218  | ANISEIKONIC, PER LENS, BIFOCAL   | No                  |     |                   | MMP           |
| V2219  | BIFOCAL SEG WIDTH OVER 28MM  | No                  |     |                   | MMP           |
| V2220  | BIFOCAL ADD OVER 3.25D   | No                  |     |                   | MMP           |
| V2221  | LENTICULAR LENS, PER LENS, BIFOCAL   | No                  |     |                   | MMP           |
| V2299  | SPECIALTY BIFOCAL (BY REPORT)  | No                  |     |                   | MMP           |
| V2300  | SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS  | No                  |     |                   | MMP           |

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| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| V2301  | SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS  | No                  |     |                   | MMP           |
| V2302  | SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS   | No                  |     |                   | MMP           |
| V2303  | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS                   | No                  |     |                   | MMP           |
| V2304  | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS                  | No                  |     |                   | MMP           |
| V2305  | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS                | No                  |     |                   | MMP           |
| V2306  | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS                  | No                  |     |                   | MMP           |
| V2307  | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS   | No                  |     |                   | MMP           |
| V2308  | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS  | No                  |     |                   | MMP           |
| V2309  | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS  | No                  |     |                   | MMP           |
| V2310  | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS     | No                  |     |                   | MMP           |
| V2311  | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS  | No                  |     |                   | MMP           |
| V2312  | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS | No                  |     |                   | MMP           |
| V2313  | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS | No                  |     |                   | MMP           |
| V2314  | SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS   | No                  |     |                   | MMP           |
| V2315  | LENTICULAR, (MYODISC), PER LENS, TRIFOCAL   | No                  |     |                   | MMP           |
| V2318  | ANISEIKONIC LENS, TRIFOCAL  | No                  |     |                   | MMP           |
| V2319  | TRIFOCAL SEG WIDTH OVER 28 MM   | No                  |     |                   | MMP           |
| V2320  | TRIFOCAL ADD OVER 3.25D   | No                  |     |                   | MMP           |
| V2321  | LENTICULAR LENS, PER LENS, TRIFOCAL   | No                  |     |                   | MMP           |
| V2399  | SPECIALTY TRIFOCAL (BY REPORT)  | No                  |     |                   | MMP           |
| V2410  | VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS                              | No                  |     |                   | MMP           |
| V2430  | VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS                                    | No                  |     |                   | MMP           |
| V2499  | VARIABLE SPHERICITY LENS, OTHER TYPE  | No                  |     |                   | MMP           |
| V2500  | CONTACT LENS, PMMA, SPHERICAL, PER LENS   | No                  | *   |                   | MMP           |



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| Code   | Description  | Prior Auth Required | Key    | Rider Requirement | Product Lines |
| V2501  | CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS   | No                  | *<br>- |                   | MMP           |
| V2502  | CONTACT LENS PMMA, BIFOCAL, PER LENS   | No                  | *<br>- |                   | MMP           |
| V2503  | CONTACT LENS PMMA, COLOR VISION DEFICIENCY, PER LENS   | No                  | *<br>- |                   | MMP           |
| V2510  | CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS   | No                  | *<br>- |                   | MMP           |
| V2511  | CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS  | No                  | *<br>- |                   | MMP           |
| V2512  | CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS   | No                  | *<br>- |                   | MMP           |
| V2513  | CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS   | No                  | *<br>- |                   | MMP           |
| V2520  | CONTACT LENS HYDROPHILIC, SPHERICAL, PER LENS  | No                  | *<br>- |                   | MMP           |
| V2521  | CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS  | No                  | *<br>- |                   | MMP           |
| V2522  | CONTACT LENS HYDROPHILIC, BIFOCAL, PER LENS  | No                  | *<br>- |                   | MMP           |
| V2523  | CONTACT LENS HYDROPHILIC, EXTENDED WEAR, PER LENS  | No                  | *<br>- |                   | MMP           |
| V2530  | CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)  | No                  | *<br>- |                   | MMP           |
| V2531  | CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)  | No                  | *<br>- |                   | MMP           |
| V2599  | CONTACT LENS, OTHER TYPE   | No                  | *<br>- |                   | MMP           |
| V2600  | HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS  | Not Covered         |        |                   | MMP           |
| V2610  | SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS  | Not Covered         |        |                   | MMP           |
| V2615  | TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC L | Not Covered         |        |                   | MMP           |
| V2623  | PROSTHETIC EYE, PLASTIC, CUSTOM  | Yes                 |        |                   | MMP           |
| V2624  | POLISHING/RESURFACING OF OCULAR PROSTHESIS   | Yes                 |        |                   | MMP           |
| V2625  | ENLARGEMENT OF OCULAR PROSTHESIS   | Yes                 |        |                   | MMP           |
| V2626  | REDUCTION OF OCULAR PROSTHESIS   | Yes                 |        |                   | MMP           |
| V2627  | SCLERAL COVER SHELL  | Yes                 |        |                   | MMP           |
| V2628  | FABRICATION AND FITTING OF OCULAR CONFORMER  | Yes                 |        |                   | MMP           |
| V2629  | PROSTHETIC EYE, OTHER TYPE   | No                  |        |                   | MMP           |
| V2700  | BALANCE LENS, PER LENS   | No                  |        |                   | MMP           |
| V2702  | DELUXE LENS FEATURE  | Not Covered         |        |                   | MMP           |
| V2710  | SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS   | No                  |        |                   | MMP           |
| V2715  | PRISM, PER LENS  | No                  |        |                   | MMP           |
| V2718  | PRESS-ON LENS, FRESNELL PRISM, PER LENS  | No                  |        |                   | MMP           |
| V2730  | SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS   | No                  |        |                   | MMP           |
| V2756  | EYE GLASS CASE   | Not Covered         |        |                   | MMP           |
| V2770  | OCCLUDER LENS, PER LENS  | No                  |        |                   | MMP           |
| V2782  | LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.9 GLASS, EXCLUDES POLYCARBONATE,   | No                  |        |                   | MMP           |
| V2785  | PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE   | No                  |        |                   | MMP           |

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| V2786  | SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS                               | Not Covered         |     |                   | MMP           |
| V2787  | ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS                            | Not Covered         |     |                   | MMP           |
| V2788  | PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS                             | Not Covered         |     |                   | MMP           |
| V2790  | AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE                   | No                  |     |                   | MMP           |
| V2797  | VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE | Not Covered         |     |                   | MMP           |
| V2799  | VISION SERVICE, MISCELLANEOUS  | Yes                 |     |                   | MMP           |
| V5008  | HEARING SCREENING  | No                  |     |                   | MMP           |
| V5010  | ASSESSMENT FOR HEARING AID   | No                  |     |                   | MMP           |
| V5011  | FITTING/ORIENTATION/CHECKING OF HEARING AID                                    | Yes                 |     |                   | MMP           |
| V5014  | REPAIR/MODIFICATION OF A HEARING AID   | Yes                 |     |                   | MMP           |
| V5020  | CONFORMITY EVALUATION  | Yes                 |     |                   | MMP           |
| V5030  | HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION                               | Yes                 |     |                   | MMP           |
| V5040  | HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION                              | Yes                 |     |                   | MMP           |
| V5070  | GLASSES, AIR CONDUCTION  | Not Covered         |     |                   | MMP           |
| V5080  | GLASSES, BONE CONDUCTION   | Not Covered         |     |                   | MMP           |
| V5090  | DISPENSING FEE, UNSPECIFIED HEARING AID  | Not Covered         |     |                   | MMP           |
| V5095  | SEMI-IMPLANT MIDDLE EAR HEARING PROSTHESIS                                     | No                  |     |                   | MMP           |
| V5100  | HEARING AID, BILATERAL, BODY WORN  | Yes                 |     |                   | MMP           |
| V5110  | DISPENSING FEE, BILATERAL  | Yes                 |     |                   | MMP           |
| V5120  | BINAURAL, BODY   | Yes                 |     |                   | MMP           |
| V5130  | BINAURAL, IN THE EAR   | Yes                 |     |                   | MMP           |
| V5140  | BINAURAL, BEHIND EAR   | Yes                 |     |                   | MMP           |
| V5150  | BINAURAL, GLASSES  | Yes                 |     |                   | MMP           |
| V5160  | DISPENSING FEE, BINAURAL   | Yes                 |     |                   | MMP           |
| V5170  | HEARING AID, CROS, IN THE EAR  | Yes                 |     |                   | MMP           |
| V5180  | HEARING AID, CROS, BEHIND THE EAR  | Yes                 |     |                   | MMP           |
| V5190  | HEARING AID, CROS, GLASSES   | Not Covered         |     |                   | MMP           |
| V5210  | HEARING AID, BICROS, IN THE EAR  | Yes                 |     |                   | MMP           |
| V5220  | HEARING AID, BICROS, BEHIND THE EAR  | Yes                 |     |                   | MMP           |
| V5230  | HEARING AID, BICROS, GLASSES   | Not Covered         |     |                   | MMP           |
| V5240  | DISPENSING FEE BICROS  | Yes                 |     |                   | MMP           |
| V5248  | HEARING AID, ANALOG, BINAURAL, CIC   | Yes                 |     |                   | MMP           |
| V5249  | HEARING AID, ANALOG, BINAURAL, ITC   | Yes                 |     |                   | MMP           |
| V5250  | HEARING AID, DIGITALLY, PROGRAMMABLE, ANALOG, BINAURAL, CIC                    | Yes                 |     |                   | MMP           |
| V5251  | HEARING AID, DIGITALLY, PROGRAMMABLE, ANALOG, BINAURAL, ITC                    | Yes                 |     |                   | MMP           |
| V5252  | HEARING AID, DIGITALLY, PROGRAMMABLE, BINAURAL, ITE                            | Yes                 |     |                   | MMP           |
| V5253  | HEARING AID, DIGITALLY, PROGRAMMABLE, BINAURAL, BTE                            | Yes                 |     |                   | MMP           |
| V5255  | HEARING AID, DIGITAL, MONAURAL, ITC  | Yes                 |     |                   | MMP           |
| V5256  | HEARING AID, DIGITAL, MONAURAL, ITE  | Yes                 |     |                   | MMP           |
| V5257  | HEARING AID, DIGITAL, MONAURAL, BTE  | Yes                 |     |                   | MMP           |
| V5258  | HEARING AID, DIGITAL, BINAURAL, CIC  | Yes                 |     |                   | MMP           |

| Services that require Prior Authorization List |   |                     |     |                   |               |
|--|---|---------------------|-----|-------------------|---------------|
| Code   | Description   | Prior Auth Required | Key | Rider Requirement | Product Lines |
| V5259  | HEARING AID, DIGITAL, BINAURAL, ITC   | Yes                 |     |                   | MMP           |
| V5260  | HEARING AID, DIGITAL, BINAURAL, ITE   | Yes                 |     |                   | MMP           |
| V5261  | HEARING AID, DIGITAL, BINAURAL, BTE   | Yes                 |     |                   | MMP           |
| V5262  | HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL   | Not Covered         |     |                   | MMP           |
| V5263  | HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL   | Not Covered         |     |                   | MMP           |
| V5264  | EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE   | Yes                 |     |                   | MMP           |
| V5265  | EAR MOLD/INSERT, DISPOSABLE, ANY TYPE   | Not Covered         |     |                   | MMP           |
| V5268  | ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE   | Not Covered         |     |                   | MMP           |
| V5269  | ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE  | Not Covered         |     |                   | MMP           |
| V5270  | ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE  | Not Covered         |     |                   | MMP           |
| V5271  | ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER  | Not Covered         |     |                   | MMP           |
| V5272  | ASSISTIVE LISTENING DEVICE, TDD   | Not Covered         |     |                   | MMP           |
| V5273  | ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT   | Not Covered         |     |                   | MMP           |
| V5274  | ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED   | Yes                 |     |                   | MMP           |
| V5275  | EAR IMPRESSION, EACH  | Not Covered         |     |                   | MMP           |
| V5281  | Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type  | Not Covered         |     |                   | MMP           |
| V5282  | Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type | Not Covered         |     |                   | MMP           |
| V5283  | Assistive listening device, personal fm/dm neck, loop induction receiver                                      | Not Covered         |     |                   | MMP           |
| V5284  | Assistive listening device, personal fm/dm, ear level receiver  | Not Covered         |     |                   | MMP           |
| V5285  | Assistive listening device, personal fm/dm, direct audio input receiver                                       | Not Covered         |     |                   | MMP           |
| V5286  | Assistive listening device, personal blue tooth fm/dm receiver  | Not Covered         |     |                   | MMP           |
| V5287  | Assistive listening device, personal fm/dm receiver, not otherwise specified                                  | Not Covered         |     |                   | MMP           |
| V5288  | Assistive listening device, personal fm/dm transmitter assistive listening device                             | Not Covered         |     |                   | MMP           |
| V5289  | Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type                | Not Covered         |     |                   | MMP           |
| V5290  | Assistive listening device, transmitter microphone, any type  | Not Covered         |     |                   | MMP           |
| V5298  | HEARING AID, NOT OTHERWISE CLASSIFIED   | Yes                 |     |                   | MMP           |
| V5299  | HEARING SERVICE, MISCELLANEOUS  | Yes                 |     |                   | MMP           |
| V5336  | REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)            | No                  |     |                   | MMP           |
| V5362  | SPEECH SCREENING  | Not Covered         |     |                   | MMP           |
| V5363  | LANGUAGE SCREENING  | Not Covered         |     |                   | MMP           |
| V5364  | DYSPHAGIA SCREENING   | Not Covered         |     |                   | MMP           |