

| Procedure Code | Procedure Code Description | Authorization Rules |
|----------------|---|---|
| 81511 | CG [any form], DIA) utilizing maternal serum, algorithm reported as | Yes Prior Auth Required |
| 0476U | Drug metabolism, psychiatry (eg, major depressive disorder, gener | No Prior Auth Required |
| 0477U | Drug metabolism, psychiatry (eg, major depressive disorder, gener | Yes Prior Auth Required |
| 0478U | Oncology (non-small cell lung cancer), DNA and RNA, digital PCR an | Yes Prior Auth Required |
| 0479U | Tau, phosphorylated, pTau217 | Yes Prior Auth Required |
| 0485U | Oncology (solid tumor), cell-free DNA and RNA by next-generation | Yes Prior Auth Required |
| 0486U | Oncology (pan-solid tumor), next-generation sequencing analysis c | Yes Prior Auth Required |
| 0487U | Oncology (solid tumor), cell-free circulating DNA, targeted genom | Yes Prior Auth Required |
| 0492U | Oncology (solid tumor), circulating tumor cell selection, morpholog | Yes Prior Auth Required |
| 0493U | Transplantation medicine, quantification of donor-derived cell-fre | Yes Prior Auth Required |
| 0495U | Oncology (prostate), analysis of circulating plasma proteins (tPSA, f | Yes Prior Auth Required |
| 0496U | Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 gene | Yes Prior Auth Required |
| 0497U | Oncology (prostate), mRNA gene-expression profiling by real-time | Yes Prior Auth Required |
| 0498U | Oncology (colorectal), next-generation sequencing for mutation de | Yes Prior Auth Required |
| 0499U | Oncology (colorectal and lung), DNA from formalin-fixed paraffin-e | Yes Prior Auth Required |
| 0500U | Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mu | Yes Prior Auth Required |
| 0501U | Oncology (colorectal), blood, quantitative measurement of cell-fre | Yes Prior Auth Required |
| 0503U | Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 | Yes Prior Auth Required |
| 0507U | Oncology (ovarian), DNA, whole-genome sequencing with 5-hydro | Yes Prior Auth Required |
| 0508U | Transplantation medicine, quantification of donor-derived cell-fre | Yes Prior Auth Required |
| 0509U | Transplantation medicine, quantification of donor-derived cell-fre | Yes Prior Auth Required |
| 0510U | Oncology (pancreatic cancer), augmentative algorithmic analysis of | Yes Prior Auth Required |
| 0511U | Oncology (solid tumor), tumor cell culture in 3D microenvironment | Yes Prior Auth Required |
| 0512U | Oncology (prostate), augmentative algorithmic analysis of digitized | Yes Prior Auth Required |
| 0513U | Oncology (prostate), augmentative algorithmic analysis of digitized | Yes Prior Auth Required |
| 0514U | Gastroenterology (irritable bowel disease [IBD]), immunoassay for | Yes Prior Auth Required |
| 0515U | Gastroenterology (irritable bowel disease [IBD]), immunoassay for | Yes Prior Auth Required |
| 0516U | Drug metabolism, whole blood, pharmacogenomic genotyping of 4 | Yes Prior Auth Required |
| A2027 | MatriDerm, per sq cm | Yes Prior Auth Required |
| A2028 | MicroMatrix Flex, per mg | Yes Prior Auth Required |
| A2029 | MiroTract Wound Matrix sheet, per cc | Yes Prior Auth Required |
| E0683 | Nonpneumatic, nonsequential, peristaltic wave compression pump | Yes Prior Auth Required |
| E0715 | Intravaginal device intended to strengthen pelvic floor muscles dur | Yes Prior Auth Required |
| E0716 | Supplies and accessories for intravaginal device intended to streng | Yes Prior Auth Required |
| E0721 | Transcutaneous electrical nerve stimulator, stimulates nerves in th | Yes Prior Auth Required |
| E0737 | Transcutaneous tibial nerve stimulator, controlled by phone applic | Yes Prior Auth Required |
| E0743 | External lower extremity nerve stimulator for restless legs syndrom | Yes Prior Auth Required |
| E0767 | Intrabuccal, systemic delivery of amplitude-modulated, radiofrequ | Yes Prior Auth Required |
| E2513 | Accessory for speech generating device, electromyographic sensor | Yes Prior Auth Required |
| E3200 | Gait modulation system, rhythmic auditory stimulation, including r | Yes Prior Auth Required |
| L1006 | Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid l | Yes Prior Auth Required |
| L1653 | Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spr | Yes Prior Auth Required |
| L1821 | Knee orthosis (KO), elastic with condylar pads and joints, with or w | Yes Prior Auth Required |
| L8720 | External lower extremity sensory prosthesis, cutaneous stimulation | Yes Prior Auth Required |
| L8721 | Receptor sole for use with L8720, replacement, each | Yes Prior Auth Required |
| Q4334 | AmnioPlast 1, per sq cm | Yes Prior Auth Required |
| Q4335 | AmnioPlast 2, per sq cm | Yes Prior Auth Required |
| Q4336 | Artacent C, per sq cm | Yes Prior Auth Required |
| Q4337 | Artacent Trident, per sq cm | Yes Prior Auth Required |
| Q4338 | Artacent Velos, per sq cm | Yes Prior Auth Required |
| Q4339 | Artacent Vericlen, per sq cm | Yes Prior Auth Required |
| Q4340 | SimpliGraft, per sq cm | Yes Prior Auth Required |
| Q4341 | SimpliMax, per sq cm | Yes Prior Auth Required |
| Q4342 | TheraMend, per sq cm | Yes Prior Auth Required |
| Q4343 | Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm | Yes Prior Auth Required |
| Q4344 | Tri-Membrane Wrap, per sq cm | Yes Prior Auth Required |
| Q4345 | Matrix HD Allograft Dermis, per sq cm | Yes Prior Auth Required |
| A4543 | Supplies for transcutaneous electrical nerve stimulator, for nerves | Prior authorization required for billed charges greater than or equal to \$750.00 |
| A4544 | Electrode for external lower extremity nerve stimulator for restless | Prior authorization required for billed charges greater than or equal to \$750.00 |
| A4545 | Supplies and accessories for external tibial nerve stimulator (e.g., s | Prior authorization required for billed charges greater than or equal to \$750.00 |
| A7021 | Supplies and accessories for lung expansion airway clearance, cont | Prior authorization required for billed charges greater than or equal to \$750.00 |
| E0469 | Lung expansion airway clearance, continuous high frequency oscill | Prior authorization required for billed charges greater than or equal to \$750.00 |
| C9169 | Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, | Yes Prior Auth Required |
| C9170 | Injection, tarlatamab-dlle, 1 mg | Yes Prior Auth Required |
| C9171 | Injection, pegulicanine, 1 mg | Yes Prior Auth Required |
| C9172 | Injection, fidanacogene elaparovvec-dzkt, per therapeutic dose | Yes Prior Auth Required |
| J0175 | Injection, donanemab-azbt, 2 mg | Yes Prior Auth Required |
| J1749 | Injection, iloprost, 0.1 mcg | Yes Prior Auth Required |
| J8541 | Dexamethasone (Hemady), oral, 0.25 mg | Yes Prior Auth Required |
| J9329 | Injection, tislelizumab-jsgr, 1mg | Yes Prior Auth Required |
| Q5135 | Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg | Yes Prior Auth Required |
| Q5136 | Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg | Yes Prior Auth Required |