Medicare Prior Auth (PA) Code Matrix Effective Q1, 2026

THIS MATRIX IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

This Matrix is for Outpatient services.

All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization.

We attempt to provide the most current and accurate information on this PA Matrix. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request Form.

No PA is required for office visits at Participating (PAR) Network Providers.

All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services or as delineated in Prior Authorization Guides. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		PA required after 24 units per calendar year.	
90867	THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
97158	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	

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0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659	
G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659	
G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659	
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659	
G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		DEFINITIVE - PA after 12 dates of service for codes G0480, G0481, G0482, G0483, G0659	
H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0010	ALCOHOL AND / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0011	ALCOHOL AND / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0015	ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	

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H0018	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0040	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H2015	COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
H2036	ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
S0201	PARTIAL HOSPITLZTN SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y		For services rendered by a Behavioral Health Provider, contact OptumHealth Behavioral Solutions (OHBS). Contact Molina if services are rendered by a Medical Healthcare Provider.	
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y			
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y			
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Y			
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Y			

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15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y			
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y			
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y			
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y			
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Y			
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Y			
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Y			
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Y			
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Y			
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Y			
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Y			
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y			
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y			
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y			
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19303	MASTECTOMY SIMPLE COMPLETE	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y		No PA required when associated with breast cancer diagnosis.	
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	Y			
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	Y			
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	Y			
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y			
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y			
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y			
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y			
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	Y			
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	Y			
67900	REPAIR BROW PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y			
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Cosmetic, Plastic & Reconstructive Procedures	Y			
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y			
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Cosmetic, Plastic & Reconstructive Procedures	Y			
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y			
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y			
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y			
67909	REDUCTION OVERCORRECTION PTOSIS	Cosmetic, Plastic & Reconstructive Procedures	Y			

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67950	CANTHOPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y			
A4238	SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).	
A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY Equal to 1 UOS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).	
A4341	INDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	Durable Medical Equipment (DME)	Y			
A4342	ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Durable Medical Equipment (DME)	Y			
A4560	NEUROMUSCULAR ELECTRICAL STIM DISP REPLC ONLY	Durable Medical Equipment (DME)	Y			
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y			
A9276	SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).	
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).	
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).	
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	Y			
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y			
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y			
E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y			
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y			
E0265	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTTRSS	Durable Medical Equipment (DME)	Y			
E0266	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTTRSS	Durable Medical Equipment (DME)	Y			
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Y			
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y			
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y			
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	Y			
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	Y			
E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	Durable Medical Equipment (DME)	Y			
E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	Y			
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME)	Y			
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	Y			
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	Y			
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	Y			
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	Y			
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	Y			
E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	Durable Medical Equipment (DME)	Y			

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E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	Y			
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	Y			
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	Y			
E0483	HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	Y			
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Durable Medical Equipment (DME)	Y			
E0492	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	Y			
E0493	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	Y			
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Durable Medical Equipment (DME)	Y			
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Durable Medical Equipment (DME)	Y			
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	Y			
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	Y			
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	Y			
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	Y			
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	Y			
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	Y			
E0677	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Durable Medical Equipment (DME)	Y			
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	Y			
E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME)	Y			
E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME)	Y			
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	Y			
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	Y			
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	Y			
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	Y			
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	Y			
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME)	Y			
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	Y			
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	Y			
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	Y			
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y			
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y			
E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	Y			
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	Y			
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	Y			
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	Y			
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	Y			
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Y			
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Y			
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Y			
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Y			
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y			
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y			

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E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y			
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y			
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y			
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Y			
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y			
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y			
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	Y			
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	Y			
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	Y			
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	Y			
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y			
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y			
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y			
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y			
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y			
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y			
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	Y			
E1905	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Durable Medical Equipment (DME)	Y			
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).	
E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Durable Medical Equipment (DME)	Y		No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support).	
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	Y			
E2298	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	Durable Medical Equipment (DME)	Y			
E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Durable Medical Equipment (DME)	Y			
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	Y			
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME)	Y			
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	Y			
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	Y			
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	Y			
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	Y			
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	Y			
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	Y			
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Durable Medical Equipment (DME)	Y			
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME)	Y			
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	Y			
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y			
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	Y			
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y			

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E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	Y			
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	Y			
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	Y			
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	Y			
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y			
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y			
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	Y			
E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	Y			
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	Y			
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	Y			
E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC	Durable Medical Equipment (DME)	Y			
E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	Y			
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	Y			
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	Y			
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	Y			
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	Y			
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Durable Medical Equipment (DME)	Y			
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Durable Medical Equipment (DME)	Y			
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	Y			
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	Y			
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	Y			
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	Y			
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	Y			
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	Y			
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y			
K0009	OTHER MANUAL WHEELCHAIR/BASE	Durable Medical Equipment (DME)	Y			
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y			
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y			
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y			
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y			
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y			
K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y			
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y			
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y			
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y			
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y			
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y			
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y			
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y			
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y			

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K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y			
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0821	PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y			
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y			
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y			
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y			
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y			
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y			
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y			
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y			
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Y			
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE	Durable Medical Equipment (DME)	Y			
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS	Durable Medical Equipment (DME)	Y			
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y			
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y			
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y			
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y			
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y			
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y			
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y			
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y			
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y			
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Y			

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K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y			
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y			
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y			
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y			
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y			
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y			
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y			
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y			
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y			
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Y			
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	Y			
L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Durable Medical Equipment (DME)	Y			
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Durable Medical Equipment (DME)	Y			
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Durable Medical Equipment (DME)	Y			
Q0480	DRIVER PNEUMATIC VAD, REP	Durable Medical Equipment (DME)	Y			
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Experimental/Investigational	Y			
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Experimental/Investigational	Y			
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Experimental/Investigational	Y			
31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Experimental/Investigational	Y			
31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Experimental/Investigational	Y			
43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Experimental/Investigational	Y			
46948	LIGATION HEMORRHOID BUNDLE W US	Experimental/Investigational	Y			
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	Experimental/Investigational	Y			
82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	Experimental/Investigational	Y			
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	Y			
95836	ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS	Experimental/Investigational	Y			
95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	Experimental/Investigational	Y			
0054T	CPTR-ASSTD MUSCSKLTL SRGCL NAVIGN ORTHPDC PRCDRE W/ IMG GUIDNCE FLUOR IMGS	Experimental/Investigational	Y			
0055T	CPTR-ASSTD MUSCSKLTL NAVIGN ORTHO CT MRI	Experimental/Investigational	Y			
0101T	EXTRCORPL SHOCK WAVE MUSCSKLTL NOS HIGH ENERGY	Experimental/Investigational	Y			
0206U	NEURO ALZHEIMER CELL AGGREGJ	Experimental/Investigational	Y			
0207U	NEURO ALZHEIMER QUAN IMAGING	Experimental/Investigational	Y			
0213T	NJX DX THER PARAVER FCT JT W US CER THOR 1 LVL	Experimental/Investigational	Y			
0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	Y			
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	Y			
0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y			

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0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	Y			
0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	Y			
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y			
0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	Y			
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	Y			
0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Experimental/Investigational	Y			
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	Y			
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	Y			
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	Y			
0509T	PATTERN ELECTRORETINOGRAPHY W I AND R	Experimental/Investigational	Y			
0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Experimental/Investigational	Y			
0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Experimental/Investigational	Y			
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	Y			
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	Y			
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	Experimental/Investigational	Y			
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	Experimental/Investigational	Y			
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	Experimental/Investigational	Y			
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	Experimental/Investigational	Y			
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	Experimental/Investigational	Y			
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	Experimental/Investigational	Y			
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y			
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y			
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	Experimental/Investigational	Y			
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y			
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y			
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	Experimental/Investigational	Y			
0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Experimental/Investigational	Y			
0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	Experimental/Investigational	Y			
0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	Experimental/Investigational	Y			
0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Experimental/Investigational	Y			
0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	Experimental/Investigational	Y			
0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Experimental/Investigational	Y			
0776T	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	Experimental/Investigational	Y			
0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Experimental/Investigational	Y			
0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Experimental/Investigational	Y			
0779T	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	Experimental/Investigational	Y			
0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Experimental/Investigational	Y			
0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Experimental/Investigational	Y			
0783T	TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ	Experimental/Investigational	Y			
0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	Experimental/Investigational	Y			
0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Experimental/Investigational	Y			
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Y			
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Experimental/Investigational	Y			

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0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Y			
0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	Y			
0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	Experimental/Investigational	Y			
0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	Y			
0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Experimental/Investigational	Y			
0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	Experimental/Investigational	Y			
0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	Experimental/Investigational	Y			
0805T	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Experimental/Investigational	Y			
0806T	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Experimental/Investigational	Y			
0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPG	Experimental/Investigational	Y			
A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Experimental/Investigational	Y			
C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Experimental/Investigational	Y		This code would only be covered when part of an experimental study and may not be covered in many instances.	
C9784	ENDO SLEEVE GASTRO W/TUBE	Experimental/Investigational	Y			
C9785	ENDO OUTLET RESTRICT W/TUBE	Experimental/Investigational	Y			
K1007	BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS	Experimental/Investigational	Y			
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Experimental/Investigational	Y			
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y			
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y			
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y			
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y			
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y			
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y			
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y			
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN	Genetic Counseling & Testing	Y			
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y			
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y			
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y			
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y			
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y			
81194	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y			
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y			
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	Y			
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y			
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y			
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			

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81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y			
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y			
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y			
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y			
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y			
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y			
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y			
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y			
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y			
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y			
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y			
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y			
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y			
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y			
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y			
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y			
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y			
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y			
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y			
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y			
81418	DRG MTBLSM (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, CYP2D6, ND CYP2D6 DPLCTN/DELETN ANLYSS	Genetic Counseling & Testing	Y			
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	Y			
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y			
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y			
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y			
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y			
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y			
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y			
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y			
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y			
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y			
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y			

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81441	BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Genetic Counseling & Testing	Y			
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y			
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y			
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y			
81449	TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPLSM, 5-50 GENES	Genetic Counseling & Testing	Y			
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y			
81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Genetic Counseling & Testing	Y			
81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y			
81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS	Genetic Counseling & Testing	Y			
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y			
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y			
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y			
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y			
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	Y			
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	Y			
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	Y			
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	Y			
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y			
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y			
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y			
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y			
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	Y			
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31	Genetic Counseling & Testing	Y			
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y			
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Genetic Counseling & Testing	Y			
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	Y			
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	Y			
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	Y			
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y			
81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y			
81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	Y			
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	Y			
81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y			
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Genetic Counseling & Testing	Y			
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	Y			
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y			
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	Y			
0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y			
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y			
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y			
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	Y			

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0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y			
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y			
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Genetic Counseling & Testing	Y			
0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y			
0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Genetic Counseling & Testing	Y			
0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	Y			
0153U	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Genetic Counseling & Testing	Y			
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Genetic Counseling & Testing	Y			
0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Genetic Counseling & Testing	Y			
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	Y			
0173U	PSYC GEN ALYS PANEL 14 GENES	Genetic Counseling & Testing	Y			
0174U	OC SLD TUMOR 30 PRTN TRGT	Genetic Counseling & Testing	Y			
0175U	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	Y			
0179U	ONC NONSM CLL LNG CA ALYS 23	Genetic Counseling & Testing	Y			
0184U	DO GNOTYP ART4 EXON 2	Genetic Counseling & Testing	Y			
0196U	LU GNOTYP BCAM EXON 3	Genetic Counseling & Testing	Y			
0209U	CYTOG CONST ALYS INTERROG	Genetic Counseling & Testing	Y			
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	Y			
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	Y			
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	Y			
0218U	NEURO MUSC DYS DMD SEQ ALYS	Genetic Counseling & Testing	Y			
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	Genetic Counseling & Testing	Y			
0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y			
0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Genetic Counseling & Testing	Y			
0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Genetic Counseling & Testing	Y			
0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Genetic Counseling & Testing	Y			
0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Genetic Counseling & Testing	Y			
0391U	ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	Genetic Counseling & Testing	Y			
0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Genetic Counseling & Testing	Y			
0393U	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	Genetic Counseling & Testing	Y			
0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Genetic Counseling & Testing	Y			
0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Genetic Counseling & Testing	Y			
0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Genetic Counseling & Testing	Y			
0399U	U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Genetic Counseling & Testing	Y			
0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Genetic Counseling & Testing	Y			
0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	Genetic Counseling & Testing	Y			
0402U	NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	Genetic Counseling & Testing	Y			
0403U	ONC PRST8 MRNA GEN XPRSN PRFLG 18GENS 1-CATCH UR	Genetic Counseling & Testing	Y			
0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Genetic Counseling & Testing	Y			
0405U	ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	Genetic Counseling & Testing	Y			
0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Genetic Counseling & Testing	Y			
0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Genetic Counseling & Testing	Y			

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0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	Genetic Counseling & Testing	Y			
0410U	ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTO SN	Genetic Counseling & Testing	Y			
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	Y			
0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Genetic Counseling & Testing	Y			
0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Genetic Counseling & Testing	Y			
0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Genetic Counseling & Testing	Y			
0415U	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	Genetic Counseling & Testing	Y			
0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Genetic Counseling & Testing	Y			
0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Genetic Counseling & Testing	Y			
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Genetic Counseling & Testing	Y			
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y			
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	Y			
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y			
A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	Y			
A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	Y			
A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
B4187	OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	Y			
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	Healthcare Administered Drugs	Y			
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y			
C9145	INJ, APONVIE, 1 MG	Healthcare Administered Drugs	Y			
C9173	INJ, NYPOZI, 1 MCG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA	
C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
C9305	INJ, NIPOCALIMAB-AAHU, 3 MG	Healthcare Administered Drugs	Y			
C9306	TELISOTUZUMAB VEDOTIN-TLLV	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y			
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y			

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J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y			
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	Y			
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y			
J0139	INJ, ADALIMUMAB, 1 MG	Healthcare Administered Drugs	Y			
J0172	INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	Y			
J0174	INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	Y			
J0175	INJ, DONANEMAB-AZBT, 2 MG	Healthcare Administered Drugs	Y			
J0177	INJECTION, AFLIBERCEPT HD, 1 MG	Healthcare Administered Drugs	Y			
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y			
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y			
J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y			
J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J0207	INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	Y			
J0209	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	Healthcare Administered Drugs	Y			
J0217	INJ, VELMANASE ALFA-TYCV, 1 MG	Healthcare Administered Drugs	Y			
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	Y			
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Y			
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y			
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y			
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Y			
J0224	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Y			
J0225	INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	Y			
J0248	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	Y		*PA not required for OH	
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Y			
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y			
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y			
J0349	INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	Y			
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y			
J0458	INJ, AZTREONAM/AVIBACTAM, 7.5 MG/2.5 MG (10 MG)	Healthcare Administered Drugs	Y			
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y			
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y			
J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y			
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y			

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J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Y			
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y			
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Y			
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y			
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Y			
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Y			
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Y			
J0589	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1 UNIT	Healthcare Administered Drugs	Y			
J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Y			
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y			
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y			
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y			
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y			
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y			
J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y			
J0614	INJ, TREOSULFAN, 50 MG	Healthcare Administered Drugs	Y			
J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y			
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0681	INJ, CEFTOBIPROLE MEDOCARIL SODIUM, 3 MG	Healthcare Administered Drugs	Y			
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y			
J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Y			
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y			
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y			
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y			
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y			
J0739	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y		Prior authorization not required for NY	
J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y		Prior authorization not required for NY	
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y			
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Y			
J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	Y			
J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Healthcare Administered Drugs	Y			
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y			

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
J0870	INJ, IMETELSTAT, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	Healthcare Administered Drugs	Y			
J0873	INJ, DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y			
J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	Y			
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y			
J0877	INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	Y			
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y			
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y			
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y			
J0893	INJ, DECITABINE (SUN PHARMA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0894	INJECTION DECITABINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J0901	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y			
J0911	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	Y			
J1000	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J1071	INJECTION TESTOSTERONE CYPIONATE 1 MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J1072	INJ, TESTOSTERONE CYPIONATE (AZMIRO), 1MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y			
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y			
J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	Healthcare Administered Drugs	Y			
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1202	MIGLUSTAT, ORAL, 65 MG	Healthcare Administered Drugs	Y			
J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5 MG	Healthcare Administered Drugs	Y			
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y			
J1299	INJ, ECULIZUMAB, 2 MG	Healthcare Administered Drugs	Y			
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y			
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Y			
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y			
J1304	INJ, TOFERSEN, 1 MG	Healthcare Administered Drugs	Y			
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Y			
J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Y			
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	Healthcare Administered Drugs	Y			
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y			
J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y			
J1326	INJ ZOLBETUXIMAB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1380	INJECTION ESTRADIOL VALERATE UP TO 10 MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J1410	INJECTION ESTROGEN CONJUGATED PER 25 MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y			
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y			
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y			
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y			

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J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1435	INJECTION ESTRONE PER 1 MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y			
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Healthcare Administered Drugs	Y			
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y			
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	

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J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y			
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Y			
J1552	INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG	Healthcare Administered Drugs	Y			
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	Y			
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Y			
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y			
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y			
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (FLEBOGAMMA/FLEBOGAMMA DIF)	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y			
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y			
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y			
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y			

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J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y			
J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y			
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y			
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y			
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y			
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y			
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y			
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y			
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y		Prior authorization not required for NY	
J1747	INJECTION, SPESOLIMAB-SBZO, 1 M	Healthcare Administered Drugs	Y			
J1748	INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Healthcare Administered Drugs	Y			
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y			
J1809	INJ, FOSDENOPTERIN, 0.1 MG	Healthcare Administered Drugs	Y			
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	Y			
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Y			
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Y			
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Y			
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Y			
J1932	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	Y			
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Y			

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J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J1961	INJECTION, LENACAPAVIR, 1 MG	Healthcare Administered Drugs	Y		Prior authorization not required for NY	
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y			
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y			
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	Healthcare Administered Drugs	Y			
J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J2326	INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Y			
J2327	INJ RISANKIZUMAB-RZAA 1 MG	Healthcare Administered Drugs	Y			
J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	Healthcare Administered Drugs	Y			
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J2351	INJ, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	Healthcare Administered Drugs	Y			
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	Y			
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y			
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	Y			
J2407	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Healthcare Administered Drugs	Y			
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y			
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y			
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y			
J2508	INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Healthcare Administered Drugs	Y			
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y			

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J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Y			
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Y			
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y			
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAK IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	Y			
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	Y			
J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	Healthcare Administered Drugs	Y			
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Y			
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y			
J2802	INJ, ROMIPLOSTIM, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y			
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y			
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Y			
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y			
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y			
J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y			
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y			
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y			
J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y			
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J3121	INJECTION TESTOSTERONE ENANTHATE 1 MG	Healthcare Administered Drugs	Y		PA required for Idaho Medicare members under 18 years of age only.	
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y			

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J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	Y			
J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J3247	INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y			
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y			
J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Y			
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	Y			
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Y			
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Y			
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y			
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y			
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y			
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y			
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y			
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.	
J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.	Y
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Y			
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Y			
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y			
J7171	INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Healthcare Administered Drugs	Y			
J7172	INJ MARSTACIMAB, 0.5 MG	Healthcare Administered Drugs	Y			
J7173	INJ, CONCIZUMAB-MTCI, 0.5 MG	Healthcare Administered Drugs	Y			
J7174	INJ, FITUSIRAN, 0.04 MG	Healthcare Administered Drugs	Y			
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Y			
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y			
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y			
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Y			

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J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y			
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Y			
J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Healthcare Administered Drugs	Y			
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Y			
J7185	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	Y			
J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	Y			
J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Y			
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Y			
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y			
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y			
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Y			
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y			
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y			
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y			
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y			
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Y			
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Y			
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Y			
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y			
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Y			
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y			
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y			
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Y			
J7204	INJ FACTR VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Healthcare Administered Drugs	Y			
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Y			
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y			
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y			
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y			
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y			
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y			
J7212	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MCG	Healthcare Administered Drugs	Y			
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Healthcare Administered Drugs	Y			
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIO), PER FACTOR VIII I.U.”	Healthcare Administered Drugs	Y			
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	Y			
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Y			
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	Y			
J7313	INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG	Healthcare Administered Drugs	Y			
J7314	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Healthcare Administered Drugs	Y			

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J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y			
J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	Y			
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	Y			
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	Y			
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	Y			
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y			
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y			
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y			
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y			
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y			
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y			
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	Y			
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	Y			
J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	Y			
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	Y			
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Y			
J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	Y			
J7354	CANTHARIDIN FOR TOPICAL ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)	Healthcare Administered Drugs	Y			
J7355	INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Healthcare Administered Drugs	Y			
J7356	INJ, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG	Healthcare Administered Drugs	Y			
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	Y			
J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y			
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y			
J7601	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	Healthcare Administered Drugs	Y			
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y			
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y			
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y			
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y			
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA	
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.	
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	

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J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.	
J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9011	INJ, DATOPOTAMAB DERUXTECANDLNK, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9024	INJ, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9026	INJ, TARLATAMAB-DLLE, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9028	INJ, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require a PA ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9038	INJ, AXATILIMAB-CSFR, 0.1 MG	Healthcare Administered Drugs	Y			

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J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9046	INJ, BORTEZOMIB, DR. REDDY'S	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9048	INJ, BORTEZOMIB FRESENIUSKAB	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9049	INJ, BORTEZOMIB, HOSPIRA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9052	INJ, CARMUSTINE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9054	INJ, BORTEZOMIB (BORUZU), 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9065	INJECTION CLADRIBINE PER 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9072	INJ, CYCLOPHOSPHAMIDE, (DR. REDDY'S), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENUS), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9076	INJ, CYCLOPHOSPHAMIDE (BAXTER) 5MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9100	INJECTION CYTARABINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9118	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9120	INJECTION DACTINOMYCIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9130	DACARBAZINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9150	INJECTION DAUNORUBICIN 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9161	INJ, DENILEUKIN DIFTITOX-CXDL, 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9171	INJECTION DOCETAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9172	DOCETAXEL (INGENUS), 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9174	INJ, DOCETAXEL (BEIZRAY), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9178	INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9181	INJECTION ETOPOSIDE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9190	INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J9201, 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9198	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 100 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9200	INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9201	INJECTION GEMCITABINE HCL NOS 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9209	INJECTION MESNA 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y			
J9211	INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y			
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	Y	Y~	PA Required for the following plans ONLY: PA required for ID, UT members under 18 years of age. ~Applies only to plans partnered with Evolent (see Evolent healthplan scope lists in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	Y~	One J code unit allowed per calendar year. All units in excess of one unit/year requires PA. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y			
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y			
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9245	INJECTION MELPHALAN HCI NOS 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9246	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	Y			
J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9249	INJECTION MELPHALAN APOTEX 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9255	INJ, METHOTREXATE (ACCORD)	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9260	INJECTION METHOTREXATE SODIUM 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9275	INJ, COSIBELIMAB-IPDL, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
J9276	INJ ZANIDATAMAB, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9280	INJECTION MITOMYCIN 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J9286	INJ, GLOFITAMAB-GXBM, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9289	INJ, NIVOLUMAB, 2 MG AND HYALURONIDASENVHY	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9292	INJ, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
J9314	INJ PEMETREXED (TEVA) 10MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9320	INJECTION STREPTOZOCIN 1 G	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9329	INJ, TISLELIZUMAB-JSGR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y			
J9333	INJ, ROZANOLIXIZUMAB-NOLI, 1 MG	Healthcare Administered Drugs	Y			
J9334	INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Healthcare Administered Drugs	Y			
J9341	INJ, THIOTEPA (TEPYLUTE), 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9342	INJ, THIOTEPA, NOT OTHRWS SPCFD, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9348	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9361	INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9370	VINCRISTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9376	INJECTION, POZELIMAB-BBFG, 1 MG	Healthcare Administered Drugs	Y			
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Healthcare Administered Drugs	Y			
J9382	INJ, ZENOCUTUZUMAB-ZBCO, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9390	INJECTION VINORELBINE TARTRATE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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J9393	INJ, FULVESTRANT (TEVA)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9394	INJ, FULVESTRANT (FRESENIUS)	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct outpatient requests for drugs within Evolent scope to Evolent. For Pediatrics, inpatient, non-oncology requests, or drugs out of Evolent scope; direct request to the healthplan.	Y
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y			
Q0224	INJ, PEMIVIBART, 4500 MG	Healthcare Administered Drugs	Y			
Q0235	INJ, MNCLNL NTBDY PRDCTS W INDCTN FOR PST-XPSR PRPHYLXS OR TRTMNT OF CVD-19, FOR HSPTLZD ADLTS AND/OR PDTRC PTS RCVNG SYSTMC CRTCSTRDS AND RQR SPPLMNTL OXYGN, NN-NVSV OR NVSV MCHNCL VNTLTN, OR XTRCRPRL MMBRN OXYGNTN (ECMO) ONLY, NOC, 1 MG	Healthcare Administered Drugs	Y			
Q2017	INJECTION TENIPOSIDE 50 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y			
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y			
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y			
Q5098	INJ, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5099	INJ, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5100	INJ, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y			
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y			
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require a PA ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y			
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require a PA ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5121	IJNECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	Y			
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Y			

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Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5126	BEVACIZUMAB-MALY, BIOSIMILAR	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require a PA ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	Y			
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	Bevacizumab when billed for intraocular injection does not require a PA ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5133	INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5134	INJECTION, NATALIZUMAB-SZTN (TYRUKO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5135	INJ, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5136	INJ, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5137	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y			
Q5138	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y			
Q5140	INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5141	INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5142	INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5143	INJ, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5144	INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5145	INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			

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Q5146	INJ, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5147	INJ, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5148	INJ, FILGRASTIM-TXID (NYPOZI), BIOSIMILAR, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5149	INJECTION, AFLIBERCEPT-ABZV (ENZEEVU), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5150	INJ, AFLIBERCEPT-MRBB (AHZANTIVE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5151	INJ, ECULIZUMAB-AAGH (EPYSQLI), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y			
Q5152	INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 2 MG	Healthcare Administered Drugs	Y			
Q5153	INJ, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5154	INJ, OMALIZUMAB-IGEC (OMLYCLO), BIOSIMILAR, 5 MG	Healthcare Administered Drugs	Y			
Q5155	INJ, AFLIBERCEPT-JBVF (YESAFILI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5156	INJ, TOCILIZUMAB-ANOH (AVTOZMA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
Q5157	INJ, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5158	INJ, DENOSUMAB-BNHT (BOMYNTRA/CONEXXENCE), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q5159	INJ, DENOSUMAB-DSSB (OSPOMYV/XBRYK), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q9996	INJ, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y			
Q9997	INJ, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y			
Q9998	INJ, USTEKINUMAB-AEKN (SELARSDI), 1 MG	Healthcare Administered Drugs	Y			
Q9999	INJ, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			
S0189	TESTOSTERONE PELLET 75 MG	Healthcare Administered Drugs	Y			
G0151	SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0152	SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0153	SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0157	SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0158	SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	

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G0162	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0493	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Y		No PA required for the first THREE 30-day episodes within a calendar year	
S5165	HOME MODIFICATIONS; PER SERVICE	Home Health Care Services	Y			
A2004	XCELLISTEM, 1 MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2006	NOVOSORB SYNPATH PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2007	RESTRATA, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2008	THERAGENESIS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2009	SYMPHONY, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2010	APIS, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2011	SUPRA SDRM, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2012	SUPRATHEL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2013	INNOVAMATRIX FS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2030	MIRO3D FIBERS, PER MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2031	MIRODRY, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2032	MYRIAD MATRIX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2033	MYRIAD MORCELLS, 4 MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2034	FOUND DRS SOLO, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2035	CORPL P THERAC P ALLAC P MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
A2036	COHEALYX COL DML MX PR SQ CM	Hyperbaric and Wound Care	Y			
A2037	G4DERM PLUS, PER ML	Hyperbaric and Wound Care	Y			
A2038	MARIGEN PACTO, PER SQ CM	Hyperbaric and Wound Care	Y			
A2039	INNOVAMATRIX FD, PER SQ CM	Hyperbaric and Wound Care	Y			
A4100	SKIN SUB FDA CLRD AS DEV NOS	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
C9250	ARTISS FIBRIN SEALANT	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4100	SKIN SUBSTITUTE, NOS	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4102	OASIS WOUND MATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4103	OASIS BURN MATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4104	INTEGRA BMWD	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4105	INTEGRA DRT OR OMNIGRAFT	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4107	GRAFTJACKET	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4108	INTEGRA MATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4110	PRIMATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4111	GAMMAGRAFT	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4112	CYMETRA INJECTABLE	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4113	GRAFTJACKET XPRESS	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4114	INTEGRA FLOWABLE WOUND MATRI	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4115	ALLOSKIN	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4116	ALLODERM PER SQ CM	Hyperbaric and Wound Care	Y			

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Q4117	HYALOMATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4118	MATRISTEM MICROMATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4122	DERMACELL, AWM, POROUS SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4123	ALLOSKIN	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4124	OASIS TRI-LAYER WOUND MATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4127	TALYMED	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4132	GRAFIX CORE, GRAFIXPL CORE	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4134	HMATRIX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4135	MEDISKIN	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4136	EZDERM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4138	BIODFENCE DRYFLEX, 1CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4140	BIODFENCE 1CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4141	ALLOSKIN AC, 1 CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4143	REPRIZA, 1CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4145	EPIFIX, INJ, 1MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4146	TENSIX, 1CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4147	ARCHITECT ECM PX FX 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4148	NEOX NEOX RT OR CLARIX CORD	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4149	EXCELLAGEN, 0.1 CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4152	DERMAPURE 1 SQUARE CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4153	DERMAVEST, PLURIVEST SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4154	BIOVANCE 1 SQUARE CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4155	NEOXFLO OR CLARIXFLO 1 MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4161	BIO-CONNEKT PER SQUARE CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4165	KERAMATRIX, KERASORB SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4166	CYTAL, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4167	TRUSKIN, PER SQ CENTIMETER	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4168	AMNIOBAND, 1 MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4169	ARTACENT WOUND, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4170	CYGNUS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4171	INTERFYL, 1 MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4173	PALINGEN OR PALINGEN XPLUS	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4174	PALINGEN OR PROMATRX	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4175	MIRODERM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4176	NEOPATCH OR THERION, 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4177	FLOWERAMNIOFLO, 0.1 CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4183	SURGIGRAFT, 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4184	CELLESTA OR DUO PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4185	CELLESTA FLOWAB AMNION 0.5CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4188	AMNIOARMOR 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
Q4189	ARTACENT AC, 1 MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4190	ARTACENT AC 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4192	RESTORIGIN, 1 CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4193	COLL-E-DERM 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4195	PURAPLY 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4200	SKIN TE 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4201	MATRION 1 SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4202	KEROXX (2.5G/CC), 1CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4206	FLUID FLOW OR FLUID GF 1 CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4208	NOVAFIX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4209	SURGRAFT PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4211	AMNION BIO OR AXOBIO SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4212	ALLOGEN, PER CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4213	ASCENT, 0.5 MG	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4214	CELLESTA CORD PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4216	ARTACENT CORD PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4220	BELLACELL HD, SUREDERM SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4222	PROGENAMATRIX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4224	HHF10-P PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4225	AMNIO OR DERMA TL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4226	MYOWN HARV PREP PROC SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4230	COGENEX FLOW AMNION 0.5 CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4232	CORPLEX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4233	SURFACTOR /NUDYN PER 0.5 CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4234	XCELLERATE, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4237	CRYO-CORD, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Hyperbaric and Wound Care	Y			
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4245	AMNIOTEXT, PER CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4246	CORETEXT OR PROTEXT, PER CC	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4247	AMNIOTEXT PATCH, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4249	AMNIPLY, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4254	NOVAFIX DL PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4255	REGUARD, TOPICAL USE PER SQ	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4256	MLG COMPLET, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4257	RELESE, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4258	ENVERSE, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4262	DUAL LAYER IMPAX MEMBRANE PER SQ CM	Hyperbaric and Wound Care	Y			
Q4263	SURGRAFT TL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
Q4264	COCOON MEMBRANE, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4279	VENDAJE AC, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4287	DERMABIND DL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4288	DERMABIND CH, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4290	MEMBRANE WRAP HYDR PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4291	LAMELLAS XT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4292	LAMELLAS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4293	ACESSO DL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4296	REBOUND MATRIX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4297	EMERGE MATRIX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4298	AMNICORE PRO, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4300	ACESSO TL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4301	ACTIVATE MATRIX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4302	COMPLETE ACA PER SQ CM	Hyperbaric and Wound Care	Y			
Q4303	COMPLETE AA, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4304	GRAFIX PLUS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4311	ACESSO, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4312	ACESSO AC, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4313	DERMABIND FM, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4314	REEVA, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4315	REGENELINK AMNIOTIC MEM ALLO	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4316	AMCHOPLAST PER SQ CM	Hyperbaric and Wound Care	Y			
Q4317	VITOGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4318	E-GRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4319	SANOGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4320	PELLOGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4321	RENOGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4322	CAREGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4323	ALLOPLY, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4324	AMNIOTX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4325	ACAPATCH, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4327	DUOAMNION, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4328	MOST, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4329	SINGLAY, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4330	TOTAL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4331	AXOLOTL GRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4333	ARDEOGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4334	AMNIOPLAST 1, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4335	AMNIOPLAST 2, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4336	ARTECENT C, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4337	ARTECENT TRIDENT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
Q4338	ARTACENT VELOS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4339	ARTACENT VERICLEN, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4340	SIMPLIGRAFT, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4341	SIMPLIMAX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4342	THERAMEND, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4343	DERMACYTE AC MATRX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4344	TRI MEMBRANE WRAP, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4345	MATRIX HD ALLOGRFT PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4346	SHELTER DM MATRIX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4347	RAMPART DL MATRIX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4348	SENTRY SL MATRIX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4349	MANTLE DL MATRIX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4350	PALISADE DM MATRIX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4351	ENCLOSE TL MATRIX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4352	OVERLAY SL MATRIX, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4353	XCEED TL MATRIX PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4355	ABIO XPL ABIO XPL HY P SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4356	ABIO MEM ABIO HYD PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4357	XWRAP PLUS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4358	XWRAP DUAL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4359	CHORIPLY, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4361	EPIXPRESS, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4362	CYGNUS DISK, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4363	AM BUR MEM HYDRO PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4364	AM BUR XP MEM XPL HY P SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4365	AMNIO BUR DL MEM PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4366	DL AMNIO BUR X-MEM PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4367	AMNIOCORE SL, PER SQ CM	Hyperbaric and Wound Care	Y		PA required for MA, MI Medicare on 11/1/2025	
Q4368	AMCHOTHICK, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4369	AMNIOPLAST 3, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4370	AEROGUARD, PER SQUARE CENTIMETER”	Hyperbaric and Wound Care	Y			
Q4371	NEOGUARD, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4372	AMCHOPLAST EXCEL, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4373	MEMBRANE WRAP-LITE, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4375	DUOGRAFT AC, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4376	DUOGRAFT AA, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4377	TRIGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4378	RENEW FT MATRIX, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4379	AMNIODEFEND FT MATRIX, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4380	ADVOGRAFT ONE, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4382	ADVOGRAFT DUAL, PER SQUARE CENTIMETER	Hyperbaric and Wound Care	Y			
Q4383	AXOLOTL GRAFT ULT PER SQ CM	Hyperbaric and Wound Care	Y			
Q4384	AXOLOTL DUAL ULT PER SQ CM	Hyperbaric and Wound Care	Y			

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
Q4385	APOLLO FT PER SQ CM	Hyperbaric and Wound Care	Y			
Q4386	ACESSO TRIFACA PER SQ CM	Hyperbaric and Wound Care	Y			
Q4387	NEOTHELIUM FT PER SQ CM	Hyperbaric and Wound Care	Y			
Q4388	NEOTHELIUM 4L PER SQ CM	Hyperbaric and Wound Care	Y			
Q4389	NEOTHELIUM 4L+ PER SQ CM	Hyperbaric and Wound Care	Y			
Q4390	ASCENDION PER SQ CM	Hyperbaric and Wound Care	Y			
Q4391	AMNIOPLAST DOUBLE PER SQ CM	Hyperbaric and Wound Care	Y			
Q4392	GRAFIX DUO PER SQ CM	Hyperbaric and Wound Care	Y			
Q4393	SURGRAFT AC PER SQ CM	Hyperbaric and Wound Care	Y			
Q4394	SURGRAFT ACA PER SQ CM	Hyperbaric and Wound Care	Y			
Q4395	ACELAGRAFT PER SQ CM	Hyperbaric and Wound Care	Y			
Q4396	NATALIN PER SQ CM	Hyperbaric and Wound Care	Y			
Q4397	SUMMIT AAA PER SQ CM	Hyperbaric and Wound Care	Y			
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25	Hyperbaric/Wound Therapy	Y			
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	Hyperbaric/Wound Therapy	Y			
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Hyperbaric/Wound Therapy	Y			
15274	APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100S	Hyperbaric/Wound Therapy	Y			
15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM	Hyperbaric/Wound Therapy	Y			
15276	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM EA ADDL25SQ CM	Hyperbaric/Wound Therapy	Y			
15277	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM 1ST 100SQ	Hyperbaric/Wound Therapy	Y			
15278	SUB GRFT F/S/N/H/F/G/M/D GT or equal to 100SCM ADL 100SQ	Hyperbaric/Wound Therapy	Y			
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	Y		No PA required for the first THREE 30-day episodes within a calendar year	
A2001	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	Y			
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			
A2005	MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			
A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Hyperbaric/Wound Therapy	Y			
A2020	AC5 ADVANCED WOUND SYSTEM	Hyperbaric/Wound Therapy	Y			
A2021	NEOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y			
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	Y			
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4106	DERMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4121	THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4125	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4126	MEMODERM DERMASPAN TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4130	STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4157	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			

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Q4158	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4159	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4160	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	Y			
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4164	HELICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	Y			
Q4186	EPIFIX PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4187	EPICORD PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4191	RESTORIGIN, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4194	NOVACHOR PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4196	PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4197	PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4203	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4204	XWRAP PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy	Y			
Q4218	SURGICORD PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4219	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4221	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4231	CORPLEX P PER CC	Hyperbaric/Wound Therapy	Y			
Q4236	CAREPATCH, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4238	DERM-MAXX PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y			
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4252	VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4270	COMPLETE SL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
Q4272	ESANO A, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4273	ESANO AAA, PER SQ CM	Hyperbaric/Wound Therapy	Y			

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Q4274	ESANO AC, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4275	ESANO ACA, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4276	ORION, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4278	EPIEFFECT, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4280	XCELL AMNIO MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4282	CYGNUS DUAL, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4284	DERMABIND SL, PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4294	AMNIO QUAD-CORE PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4295	AMNIO TRI-CORE AMNIOTIC PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4299	AMNICORE PRO Plus PER SQ CM	Hyperbaric/Wound Therapy	Y			
Q4326	WOUNDPLUS, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y			
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	

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70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72130	CT THORACIC SPINE W O AND W CONTRAST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72156	MRI SPINAL CANAL CERVICAL WO AND W CONTR MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72157	MRI SPINAL CANAL THORACIC WO FF BY W CNTRST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72158	MRI SPINAL CANAL LUMBAR WO FF BY W CNTRST MTRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	

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72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	

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74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
75563	CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	Y~	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	

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75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y		If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
76390	MRI SPECTROSCOPY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78430	MYOCRD IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78432	MYOCRD IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78433	MYOCRD IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	

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78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	

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78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for Adults. For Pediatric advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal.	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Imaging & Special Tests	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0623T	AUTO QUAN AND CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0624T	AUTO QUAN AND CHARAC CORONARY PLAQ DATA PREP AND TRNSMIS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0625T	AUTO QUAN AND CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0626T	AUTO QUAN AND CHARAC CORONARY PLAQ REV CPTR ALYS I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	

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0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0689T	QUAN US TISS CHARAC I AND R W/O DX US SAME ANAT	Imaging & Special Tests	Y			
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y		For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	
95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	Y			
95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	Y			
95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	Y			
95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y			
95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Y			
95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y			
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Y		No PA required for first 4 units.	
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			

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21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			

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22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22860	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND INTRSPCE, LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22862	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27120	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27137	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No PA required if performed in an Ambulatory Surgery Center. PA required for all other places of service.	
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			

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28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28285	CORRECTION HAMMERTOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28344	RECONSTRUCTION TOE POLYDACTYLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			

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31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
36470	INJXN SCLRSNT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36471	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	

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36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37700	LIGTN &DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37718	LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37722	LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37735	LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	

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37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37780	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
37785	LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43647	LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43648	LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43771	LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43847	GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43881	IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43882	RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
49904	OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
53430	URETHROPLASTY RCNSTN FEMALE URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	

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54125	AMPUTATION PENIS COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
54401	INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
54405	INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
54411	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
54416	RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
55175	SCROTOPLASTY SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
55180	SCROTOPLASTY COMPLICATED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
55867	LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN AND/OR DLTION, AND NTERNL URTHROTOMY), NCLUDS RBTC ASISTNCE, WHN PRFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
55970	INTERSEX SURG MALE FEMALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
55980	INTERSEX SURG FEMALE MALE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
56625	VULVECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
56800	PLASTIC REPAIR INTROITUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
56805	CLITOROPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
57288	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	

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57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
57296	REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
57335	VAGINOPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No prior auth required for service when associated with a cancer diagnosis.	
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No PA required if performed in an Ambulatory Surgery Center. PA required for all other places of service.	
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58240	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y		No PA required if performed in an Ambulatory Surgery Center. PA required for all other places of service.	
58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
62324	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
62325	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
62326	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			

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62327	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63300	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG AND RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			

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69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	OP Hosp/Amb Surgery Center (ASC) procedures	Y			
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y			
27278	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT W/O PLCMNT OF TRNFXTN DVCE	Pain Management Procedures	Y			
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y			
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	Y			
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	Y			
62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y			
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y			
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y			
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y			
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	Y			
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	Y			
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Y			
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y			
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	Y			
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Y		No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.	
64451	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	Y			
64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	Y			
64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Y			
64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Y			
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Y			
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Y			
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y			

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64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y			
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	Y			
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	Pain Management Procedures	Y			
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	Y			
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	Y			
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	Y			
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y			
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	Y			
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y			
92507	TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).	
92508	TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).	
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).	
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).	
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).	
97130	THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).	
97763	ORTHOTICS/PROSTH MGMT &/TRAINNG SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	Y		Prior authorization required after 12 visits per calendar year for PT/OT/ST (12 visits allowed per each discipline).	
L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Prosthetics & Orthotics	Y			
L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y			
L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y			
L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y			
L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y			
L0636	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Prosthetics & Orthotics	Y			
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	Y			
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	Y			
L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y			
L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y			
L0720	CTLSO A-P-L CONTROL CUSTOM	Prosthetics & Orthotics	Y			
L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	Y			
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	Y			
L1200	TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Prosthetics & Orthotics	Y			
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	Y			
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	Y			
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	Y			
L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics	Y			
L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics	Y			
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y			

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L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y			
L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics	Y			
L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics	Y			
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics	Y			
L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics	Y			
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics	Y			
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	Y			
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	Y			
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	Y			
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	Y			
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	Y			
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	Y			
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	Y			
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	Y			
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	Y			
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	Y			
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Y			
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y			
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y			
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y			
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y			
L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Prosthetics & Orthotics	Y			
L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Prosthetics & Orthotics	Y			
L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Prosthetics & Orthotics	Y			
L2628	ADD LW EXT PELV METL FRME RECIP HIP JNT AND CABLES	Prosthetics & Orthotics	Y			
L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Prosthetics & Orthotics	Y			
L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Prosthetics & Orthotics	Y			
L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Prosthetics & Orthotics	Y			
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Y			
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Prosthetics & Orthotics	Y			
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Prosthetics & Orthotics	Y			
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Prosthetics & Orthotics	Y			
L5105	BELOW KNEE PLSTC SOCKT JNT AND THIGH LACER SACH FOOT	Prosthetics & Orthotics	Y			
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT	Prosthetics & Orthotics	Y			
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT	Prosthetics & Orthotics	Y			
L5200	ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Prosthetics & Orthotics	Y			
L5210	ABOVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA	Prosthetics & Orthotics	Y			
L5220	ABOVE KNEE SHORT PROSTH W/ARTIC ANK/FOOT DYN	Prosthetics & Orthotics	Y			
L5230	ABOVE KNEE PROXIMAL FEM FOCAL DEFIC SACH FOOT	Prosthetics & Orthotics	Y			
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y			
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT	Prosthetics & Orthotics	Y			
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT	Prosthetics & Orthotics	Y			

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L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Prosthetics & Orthotics	Y			
L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y			
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Prosthetics & Orthotics	Y			
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y			
L5341	SINGLE AXIS KNEE SACH FOOT	Prosthetics & Orthotics	Y			
L5500	INIT BELOW KNEE PTB SOCKET NON-ALIGN DIR FORMED	Prosthetics & Orthotics	Y			
L5505	INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Prosthetics & Orthotics	Y			
L5510	PREP BELOW KNEE PTB SOCKET NON-ALIGN MOLD MODEL	Prosthetics & Orthotics	Y			
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Prosthetics & Orthotics	Y			
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y			
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Prosthetics & Orthotics	Y			
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Prosthetics & Orthotics	Y			
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Prosthetics & Orthotics	Y			
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/ Equal to DIR FORMED	Prosthetics & Orthotics	Y			
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Prosthetics & Orthotics	Y			
L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Prosthetics & Orthotics	Y			
L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Prosthetics & Orthotics	Y			
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Prosthetics & Orthotics	Y			
L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Prosthetics & Orthotics	Y			
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Prosthetics & Orthotics	Y			
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT	Prosthetics & Orthotics	Y			
L5613	ADD LOW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC	Prosthetics & Orthotics	Y			
L5614	ADD LOW EXT EXOSKEL SYS AK-DISARTC 4-BAR PNEUMAT	Prosthetics & Orthotics	Y			
L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Prosthetics & Orthotics	Y			
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Prosthetics & Orthotics	Y			
L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Prosthetics & Orthotics	Y			
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Prosthetics & Orthotics	Y			
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Prosthetics & Orthotics	Y			
L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Prosthetics & Orthotics	Y			
L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y			
L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL	Prosthetics & Orthotics	Y			
L5701	REPL SOCKT ABOVE KNEE/KNEE DISARTIC W/ATTCH PLAT	Prosthetics & Orthotics	Y			
L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Prosthetics & Orthotics	Y			
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY	Prosthetics & Orthotics	Y			
L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Prosthetics & Orthotics	Y			
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Prosthetics & Orthotics	Y			
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Prosthetics & Orthotics	Y			
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL	Prosthetics & Orthotics	Y			

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L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y			
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y			
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Prosthetics & Orthotics	Y			
L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Prosthetics & Orthotics	Y			
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Prosthetics & Orthotics	Y			
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y			
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Prosthetics & Orthotics	Y			
L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Prosthetics & Orthotics	Y			
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Prosthetics & Orthotics	Y			
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Prosthetics & Orthotics	Y			
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Prosthetics & Orthotics	Y			
L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Prosthetics & Orthotics	Y			
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Prosthetics & Orthotics	Y			
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Prosthetics & Orthotics	Y			
L5827	ENDO KNEE SHIN SINGLE AXIS	Prosthetics & Orthotics	Y			
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Prosthetics & Orthotics	Y			
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Prosthetics & Orthotics	Y			
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Prosthetics & Orthotics	Y			
L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Prosthetics & Orthotics	Y			
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Prosthetics & Orthotics	Y			
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Prosthetics & Orthotics	Y			
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Y			
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	Y			
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	Y			
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	Y			
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Prosthetics & Orthotics	Y			
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Prosthetics & Orthotics	Y			
L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE OUTR SURF COVER	Prosthetics & Orthotics	Y			
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Prosthetics & Orthotics	Y			
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Prosthetics & Orthotics	Y			
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	Prosthetics & Orthotics	Y			
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Prosthetics & Orthotics	Y			
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Prosthetics & Orthotics	Y			
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Prosthetics & Orthotics	Y			
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL	Prosthetics & Orthotics	Y			
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Prosthetics & Orthotics	Y			
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Prosthetics & Orthotics	Y			
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Prosthetics & Orthotics	Y			
L6000	PARTIAL HAND THUMB REMAINING	Prosthetics & Orthotics	Y			
L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Prosthetics & Orthotics	Y			
L6020	PARTIAL HAND NO FINGER REMAINING	Prosthetics & Orthotics	Y			
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Y			
L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Prosthetics & Orthotics	Y			

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L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Prosthetics & Orthotics	Y			
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Prosthetics & Orthotics	Y			
L6110	BELOW ELBOW MOLDED SOCKET	Prosthetics & Orthotics	Y			
L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Prosthetics & Orthotics	Y			
L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Prosthetics & Orthotics	Y			
L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM	Prosthetics & Orthotics	Y			
L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Prosthetics & Orthotics	Y			
L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Prosthetics & Orthotics	Y			
L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Prosthetics & Orthotics	Y			
L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Prosthetics & Orthotics	Y			
L6320	SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY	Prosthetics & Orthotics	Y			
L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Prosthetics & Orthotics	Y			
L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Prosthetics & Orthotics	Y			
L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Prosthetics & Orthotics	Y			
L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y			
L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Prosthetics & Orthotics	Y			
L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y			
L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Prosthetics & Orthotics	Y			
L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y			
L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Prosthetics & Orthotics	Y			
L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Prosthetics & Orthotics	Y			
L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Prosthetics & Orthotics	Y			
L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Prosthetics & Orthotics	Y			
L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Prosthetics & Orthotics	Y			
L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Prosthetics & Orthotics	Y			
L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Prosthetics & Orthotics	Y			
L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Prosthetics & Orthotics	Y			
L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Prosthetics & Orthotics	Y			
L6648	UP EXTREM ADD SHLDR LOCK MECH EXT PWR ACTUATOR	Prosthetics & Orthotics	Y			
L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Prosthetics & Orthotics	Y			
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Prosthetics & Orthotics	Y			
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Prosthetics & Orthotics	Y			
L6700	UE ADD EXT POWER MYOEL	Prosthetics & Orthotics	Y			
L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y			
L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Prosthetics & Orthotics	Y			
L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Prosthetics & Orthotics	Y			
L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Prosthetics & Orthotics	Y			
L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Prosthetics & Orthotics	Y			
L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Prosthetics & Orthotics	Y			
L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Prosthetics & Orthotics	Y			
L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Prosthetics & Orthotics	Y			
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Prosthetics & Orthotics	Y			
L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Prosthetics & Orthotics	Y			

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L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Prosthetics & Orthotics	Y			
L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Prosthetics & Orthotics	Y			
L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Prosthetics & Orthotics	Y			
L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Prosthetics & Orthotics	Y			
L6920	WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y			
L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y			
L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Prosthetics & Orthotics	Y			
L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	Prosthetics & Orthotics	Y			
L6940	ELBOW DISARTIC OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y			
L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y			
L6950	ABOVE ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y			
L6955	ABOVE ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Prosthetics & Orthotics	Y			
L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y			
L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM	Prosthetics & Orthotics	Y			
L6970	INTERSCAP-THOR OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Prosthetics & Orthotics	Y			
L6975	INTERSCAP-THOR OTTO BOCK/ Equal to MYOELEC CNTRL TERM DVC	Prosthetics & Orthotics	Y			
L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y			
L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Prosthetics & Orthotics	Y			
L7009	ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Prosthetics & Orthotics	Y			
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED	Prosthetics & Orthotics	Y			
L7045	ELEC HOOK SWITCH/MYOELECTRIC CONTOL PEDIATRIC	Prosthetics & Orthotics	Y			
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Prosthetics & Orthotics	Y			
L7180	ELEC ELB MICROPRC SEQENTIAL CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	Y			
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Prosthetics & Orthotics	Y			
L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y			
L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Prosthetics & Orthotics	Y			
L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	Prosthetics & Orthotics	Y			
L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Prosthetics & Orthotics	Y			
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Y			
L7406	ADD TO UPP EXTR USER ADJ MEC	Prosthetics & Orthotics	Y			
L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	Y			

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L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y			
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77261	THER RAD TX PLNNING SMPL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77262	THER RAD TX PLNNING INTRM	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77263	THER RAD TX PLNNING CPLX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77299	UNLISTD PRCDRE THRPTC RDLGY CLINICAL TX PLANNING	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77300	BASIC RADIATION DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77332	TX DEVICES DESIGN AND CONSTRUCTION SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77373	STEREOTACTIC BODY RADIATION DELIVERY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Radiation Therapy & Radio Surgery	Y	Y~	PA required when POS is Outpatient. Codes are not covered if POS is Inpatient (bill with appropriate codes). ~Applies only to plans partnered with Evolent (see Evolent healthplan scope lists in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Radiation Therapy & Radio Surgery	Y	Y~	PA required when POS is Outpatient. Codes are not covered if POS is Inpatient (bill with appropriate codes). ~Applies only to plans partnered with Evolent (see Evolent healthplan scope lists in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77401	RADIATION TX DELIVERY SUPERFICIAL & ORTHO VOLTA	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77407	RADIATION TX DELIVERY 1 MEV EQUAL TO GT INTERMEDIATE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77423	HI ENRGY NEUTRON RADTN TX DLVR 1 OR GRT ISOCENTER	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77470	SPECIAL TREATMENT PROCEDURE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77499	UNLISTED PROCEDURE THRPTC RADIOLOGY TX MGMT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77767	HDR RDNCL SKN SURF BRACHYTX LES LT 2CM/1 CHAN	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77768	HDR RDNCLDE SKN SRFCE BRCHYTX LESION >2CM & 2CHAN/MLTPLE LESION	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX GT 12 CHANNELS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
A9600	STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y

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G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT	Radiation Therapy & Radio Surgery	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y			
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y			
32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	Transplants/Gene Therapy	Y			
32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	Y			
32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	Y			
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y			
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y			
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	Y			
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	Y			
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	Y			
33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y			
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	Y			
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y			
33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	Y			
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	Y			
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y			
33995	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	Y			

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38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Transplants/Gene Therapy	Y			
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	Y			
38206	BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO	Transplants/Gene Therapy	Y			
38225	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
38226	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
38227	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y			
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Transplants/Gene Therapy	Y			
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y			
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y			
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y			
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y			
44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	Y			
44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	Y			
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y			
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y			
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y			
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y			
47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y			
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y			
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y			
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y			
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y			
47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y			
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	Y			
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	Y			
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	Y			
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	Y			
48552	BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y			
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y			

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48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y			
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Y			
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y			
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Y			
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y			
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y			
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y			
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y			
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y			
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y			
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y			
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y			
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y			
81560	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	Transplants/Gene Therapy	Y			
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y			
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y			
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y			
J1411	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	Y			
J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML	Transplants/Gene Therapy	Y			
J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D	Transplants/Gene Therapy	Y			
J1414	INJ, FIDANACOGENE ELAPARVOVECDZKT, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y			
J3391	INJ, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y			
J3392	INJ, EXAGAMGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y			
J3393	INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y			
J3394	INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	Transplants/Gene Therapy	Y			
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Transplants/Gene Therapy	Y			
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Transplants/Gene Therapy	Y			
J3401	BEREMAGENE GEPERPAVEC-SVDT, PER 0.1 ML	Transplants/Gene Therapy	Y			
J3402	INJ, REMESTEMCEL-L-RKND, PER THERAPEUTIC DOSE	Transplants/Gene Therapy	Y			
J3403	REVAKINAGENE TAROREТCEL-LWEY, PER IMPLANT	Transplants/Gene Therapy	Y			
J9029	IVES INSTAL NADOFARAGN FIRADENOVC-VNCG PER THR D	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y

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Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
Q2053	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
Q2057	AFAMITRESGENE AUTOLEUCEL, INCLDNG LEUKAPHERESIS & DOSE PRPRTN PRCDRS, PER THRPTC DOSE	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right): For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics or non-cancer diagnosis; direct request to the healthplan.	Y
Q2058	OBECABTAGENE CAR POS T	Transplants/Gene Therapy	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	Y			
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	Y			
19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	Y			
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous	Y	Y~	~APPLIES TO: IL, MI: Send to Evolent for members >18, Send to Health Plan for members under 18	
39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	Y			
39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	Y			
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y			
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	Y			

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43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	Y			
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	Y			
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	Y			
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	Y			
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y			
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	Y			
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	Y			
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	Y			
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	Y
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y			
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y			
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Unlisted/Miscellaneous	Y			
87899	IAADIADOO NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y			
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	Y			
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	Y			
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	Y			
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	Y			
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	Y			
0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	Unlisted/Miscellaneous	Y			
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	Y			
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	Y			
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	Y			
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	Y			
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	Y			
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	Y			
G2082	OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y			
G2083	OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA	Unlisted/Miscellaneous	Y			
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y			
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Y			
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	Y			
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	Y~	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to Evolent. For Pediatrics, Inpatient, or non-cancer diagnosis; direct request to the healthplan.	
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y			
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y			

Code	Description	Service Category	MHI PA Required?	Evolent PA Required?	MHI Code Notes	Evolent CT 1/1/26 Oncology
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	Y			
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y			
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y			
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y			
L5999	LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Y			
L7499	UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Y			
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y			
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous	Y			
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y			
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	Y			
V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	Y			
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y			
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y			
V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y			