



Prior Authorization Requirement Updates

January 22, 2025

This document reflects the most recent updates to prior authorization requirements. To determine if a service requires an authorization or to submit a prior authorization request, visit the mbluecrosscomplete.com under the [Prior Authorization Resources](#). As a reminder, when you do need to verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool at mbluecrosscomplete.com.

Prior Authorization requirements are applicable to participating and non-participating providers. Noncontracted Laboratories must obtain authorization for all services rendered.

For medications covered under the medical benefit that require authorization, providers are encouraged to submit authorization requests using the *Blue Cross Complete Medication Prior Authorization Request form*, which is available at mbluecrosscomplete.com. The completed form must be faxed to **PerformRx at 1-855-811-9326**. **Note:** An authorization does not guarantee payment.

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CPT code(s)	Service Description	Summary
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	Effective 1/1/2025 - No Prior Authorization required
0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiquantitative, blood	Effective 1/1/2025 - Prior Authorization required
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location	Effective 1/1/2025 - Prior Authorization required
0524U	Obstetrics (preeclampsia), sFlt-1/PlGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Effective 1/1/2025 - No Prior Authorization required
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	Effective 1/1/2025 - Prior Authorization required
0526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time	Effective 1/1/2025 - Prior Authorization required
0527U	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected	Effective 1/1/2025 - No Prior Authorization required
0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobial-resistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquanti	Effective 1/1/2025 - Prior Authorization required
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	Effective 1/1/2025 - Prior Authorization required
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy	Effective 1/1/2025 - Prior Authorization required
0901T	Placement of bone marrow sampling port, including imaging guidance when performed	Effective 1/1/2025 - No Prior Authorization required
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	Effective 1/1/2025 - No Prior Authorization required
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	Effective 1/1/2025 - No Prior Authorization required
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	Effective 1/1/2025 - No Prior Authorization required



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CPT code(s)	Service Description	Summary
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	Effective 1/1/2025 - No Prior Authorization required
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	Effective 1/1/2025 - Prior Authorization required
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	Effective 1/1/2025 - Prior Authorization required
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Effective 1/1/2025 - Prior Authorization required
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Effective 1/1/2025 - No Prior Authorization required
0910T	Removal of integrated neurostimulation system, vagus nerve	Effective 1/1/2025 - No Prior Authorization required
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	Effective 1/1/2025 - No Prior Authorization required
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	Effective 1/1/2025 - No Prior Authorization required
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) o	Effective 1/1/2025 - No Prior Authorization required
0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary	Effective 1/1/2025 - No Prior Authorization required
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacin	Effective 1/1/2025 - Prior Authorization required
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	Effective 1/1/2025 - Prior Authorization required
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	Effective 1/1/2025 - Prior Authorization required
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	Effective 1/1/2025 - Prior Authorization required
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Effective 1/1/2025 - Prior Authorization required
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Effective 1/1/2025 - Prior Authorization required
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Effective 1/1/2025 - Prior Authorization required
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Effective 1/1/2025 - Prior Authorization required
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Effective 1/1/2025 - Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
0924T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Effective 1/1/2025 - Prior Authorization required
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Effective 1/1/2025 - Prior Authorization required
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility	Effective 1/1/2025 - No Prior Authorization required
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	Effective 1/1/2025 - No Prior Authorization required
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	Effective 1/1/2025 - No Prior Authorization required
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Effective 1/1/2025 - No Prior Authorization required
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation	Effective 1/1/2025 - No Prior Authorization required
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation	Effective 1/1/2025 - No Prior Authorization required
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	Effective 1/1/2025 - No Prior Authorization required
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision	Effective 1/1/2025 - Prior Authorization required
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm threshold	Effective 1/1/2025 - No Prior Authorization required
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s)	Effective 1/1/2025 - No Prior Authorization required
0936T	Photobiomodulation therapy of retina, single session	Effective 1/1/2025 - Prior Authorization required
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	Effective 1/1/2025 - No Prior Authorization required
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	Effective 1/1/2025 - No Prior Authorization required
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	Effective 1/1/2025 - No Prior Authorization required
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Effective 1/1/2025 - No Prior Authorization required
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	Effective 1/1/2025 - No Prior Authorization required
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	Effective 1/1/2025 - No Prior Authorization required
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	Effective 1/1/2025 - Prior Authorization required
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	Effective 1/1/2025 - No Prior Authorization required
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed)	Effective 1/1/2025 - Prior Authorization required
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic nav	Effective 1/1/2025 - Prior Authorization required
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Effective 1/1/2025 - No Prior Authorization required
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Effective 1/1/2025 - No Prior Authorization required
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	Effective 1/1/2025 - No Prior Authorization required
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary proc)	Effective 1/1/2025 - No Prior Authorization required
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	Effective 1/1/2025 - No Prior Authorization required
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Effective 1/1/2025 - No Prior Authorization required
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	Effective 1/1/2025 - No Prior Authorization required
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof	Effective 1/1/2025 - No Prior Authorization required
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	Effective 1/1/2025 - No Prior Authorization required
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Effective 1/1/2025 - Prior Authorization required
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Effective 1/1/2025 - Prior Authorization required
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Effective 1/1/2025 - Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Effective 1/1/2025 - Prior Authorization required
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	Effective 1/1/2025 - No Prior Authorization required
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	Effective 1/1/2025 - No Prior Authorization required
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	Effective 1/1/2025 - No Prior Authorization required
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	Effective 1/1/2025 - No Prior Authorization required
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	Effective 1/1/2025 - No Prior Authorization required
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Effective 1/1/2025 - No Prior Authorization required
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Effective 1/1/2025 - No Prior Authorization required
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Effective 1/1/2025 - No Prior Authorization required
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	Effective 1/1/2025 - No Prior Authorization required
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including	Effective 1/1/2025 - No Prior Authorization required
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Effective 1/1/2025 - No Prior Authorization required
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	Effective 1/1/2025 - No Prior Authorization required
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	Effective 1/1/2025 - Prior Authorization required
64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	Effective 1/1/2025 - No Prior Authorization required
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	Effective 1/1/2025 - No Prior Authorization required
64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	Effective 1/1/2025 - No Prior Authorization required
64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	Effective 1/1/2025 - No Prior Authorization required
64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	Effective 1/1/2025 - No Prior Authorization required
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Effective 1/1/2025 - Prior Authorization required
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review o	Effective 1/1/2025 - No Prior Authorization required
76015	MR safety implant and/r foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review o	Effective 1/1/2025 - No Prior Authorization required
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing M	Effective 1/1/2025 - No Prior Authorization required
76017	MR safety medical physics examination customization, planning and performance monitoring bymedical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging	Effective 1/1/2025 - No Prior Authorization required
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuit	Effective 1/1/2025 - No Prior Authorization required
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational f	Effective 1/1/2025 - No Prior Authorization required
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	Effective 1/1/2025 - Prior Authorization required
81515	Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megasphaera type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algo	Effective 1/1/2025 - No Prior Authorization required
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which ind]	Effective 1/1/2025 - Prior Authorization required
82233	Beta-amyloid; 1-40 (Abeta 40)	Effective 1/1/2025 - No Prior Authorization required
82234	Beta-amyloid; 1-42 (Abeta 42)	Effective 1/1/2025 - No Prior Authorization required
83884	Neurofilament light chain (NfL)	Effective 1/1/2025 - No Prior Authorization required
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each	Effective 1/1/2025 - No Prior Authorization required
84394	Tau, total (tTau)	Effective 1/1/2025 - No Prior Authorization required
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative	Effective 1/1/2025 - No Prior Authorization required
87513	Infectious agent detection by nucleic acid (DNA or RNA); Helicobacter pylori (H. pylori), clarithromycin resistance, amplified probe technique	Effective 1/1/2025 - No Prior Authorization required
87564	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacterium tuberculosis, rifampin resistance, amplified probe technique	Effective 1/1/2025 - No Prior Authorization required
87594	Infectious agent detection by nucleic acid (DNA or RNA); Pneumocystis jirovecii, amplified probe technique	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	Effective 1/1/2025 - No Prior Authorization required
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	Effective 1/1/2025 - No Prior Authorization required
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	Effective 1/1/2025 - No Prior Authorization required
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	Effective 1/1/2025 - No Prior Authorization required
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	Effective 1/1/2025 - No Prior Authorization required
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	Effective 1/1/2025 - No Prior Authorization required
96041	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter	Effective 1/1/2025 - No Prior Authorization required
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code se	Effective 1/1/2025 - No Prior Authorization required
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30	Effective 1/1/2025 - No Prior Authorization required
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection	Effective 1/1/2025 - No Prior Authorization required
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60	Effective 1/1/2025 - No Prior Authorization required
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter fo	Effective 1/1/2025 - No Prior Authorization required
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selec	Effective 1/1/2025 - No Prior Authorization required
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code	Effective 1/1/2025 - No Prior Authorization required
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code sele	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total t	Effective 1/1/2025 - No Prior Authorization required
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total t	Effective 1/1/2025 - No Prior Authorization required
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on	Effective 1/1/2025 - No Prior Authorization required
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the	Effective 1/1/2025 - No Prior Authorization required
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.	Effective 1/1/2025 - No Prior Authorization required
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total tim	Effective 1/1/2025 - No Prior Authorization required
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.	Effective 1/1/2025 - No Prior Authorization required
A9615	Injection, pegulicanine, 1 mg	Effective 1/1/2025 - No Prior Authorization required
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single-use system components	Effective 1/1/2025 - No Prior Authorization required
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single-use system components	Effective 1/1/2025 - No Prior Authorization required
C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	Effective 1/1/2025 - No Prior Authorization required
C1738	Powered, single-use (i.e., disposable) endoscopic ultrasound-guided biopsy device	Effective 1/1/2025 - No Prior Authorization required
C1739	Tissue marker, imaging and nonimaging device (implantable)	Effective 1/1/2025 - No Prior Authorization required
C7562	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s)	Effective 1/1/2025 - Prior Authorization required
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary	Effective 1/1/2025 - Prior Authorization required
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
C7565	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s)	Effective 1/1/2025 - No Prior Authorization required
C8001	3D anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy	Effective 1/1/2025 - No Prior Authorization required
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	Effective 1/1/2025 - No Prior Authorization required
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)	Effective 1/1/2025 - No Prior Authorization required
C9173	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg	Effective 1/1/2025 - Prior Authorization required
C9610	Catheter, transluminal drug delivery with or without angioplasty, coronary, nonlaser (insertable)	Effective 1/1/2025 - No Prior Authorization required
C9804	Elastomeric infusion pump (e.g., On-Q* pump with bolus), including catheter and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135	Effective 1/1/2025 - Prior Authorization required
C9806	Rotary peristaltic infusion pump (e.g., ambIT pump), including catheter and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of	Effective 1/1/2025 - Prior Authorization required
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain	Effective 1/1/2025 - Prior Authorization required
C9808	Nerve cryoablation probe (e.g., cryoICE, cryoSPHERE, cryoSPHERE MAX, cryo2), including probe and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance	Effective 1/1/2025 - No Prior Authorization required
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA,	Effective 1/1/2025 - No Prior Authorization required
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1813	Dynamic adjustable knee extension only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1826	Dynamic adjustable finger extension only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1828	Dynamic adjustable toe extension only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	Effective 1/1/2025 - Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	Effective 1/1/2025 - No Prior Authorization required
G0534	Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue	Effective 1/1/2025 - No Prior Authorization required
G0535	Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self advocacy and communication skills with care providers,	Effective 1/1/2025 - No Prior Authorization required
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet MOUD treatment and recovery goals; conducting a person-centered	Effective 1/1/2025 - No Prior Authorization required
G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ASCVD) risk assessment, 5-15 minutes, not more often than every 12 months	Effective 1/1/2025 - No Prior Authorization required
G0538	Atherosclerotic cardiovascular disease (ASCVD) risk management services; clinical staff time; per calendar month	Effective 1/1/2025 - No Prior Authorization required
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 m	Effective 1/1/2025 - No Prior Authorization required
G0540	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face	Effective 1/1/2025 - No Prior Authorization required
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infe	Effective 1/1/2025 - No Prior Authorization required
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infe	Effective 1/1/2025 - No Prior Authorization required
G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, an	Effective 1/1/2025 - No Prior Authorization required
G0544	Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month	Effective 1/1/2025 - No Prior Authorization required
G0545	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness	Effective 1/1/2025 - No Prior Authorization required
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness	Effective 1/1/2025 - No Prior Authorization required
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness	Effective 1/1/2025 - No Prior Authorization required
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness	Effective 1/1/2025 - No Prior Authorization required
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness,	Effective 1/1/2025 - No Prior Authorization required
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30	Effective 1/1/2025 - No Prior Authorization required
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan	Effective 1/1/2025 - No Prior Authorization required
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional	Effective 1/1/2025 - No Prior Authorization required
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care profe	Effective 1/1/2025 - No Prior Authorization required
G0555	Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring	Effective 1/1/2025 - No Prior Authorization required
G0556	Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/ decompensation, or functio	Effective 1/1/2025 - No Prior Authorization required
G0557	Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompe	Effective 1/1/2025 - No Prior Authorization required
G0558	Advanced primary care management services for a patient that is a qualified Medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
G0559	Postoperative follow-up visit complexity inherent to evaluation and management services addressing surgical procedure(s), provided by a physician or qualified health care professional who is not the practitioner who performed the procedure (or in the same	Effective 1/1/2025 - No Prior Authorization required
G0560	Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan:	Effective 1/1/2025 - No Prior Authorization required
G0561	Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583T)	Effective 1/1/2025 - No Prior Authorization required
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	Effective 1/1/2025 - Prior Authorization required
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	Effective 1/1/2025 - Prior Authorization required
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	Effective 1/1/2025 - Prior Authorization required
G0565	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation	Effective 1/1/2025 - No Prior Authorization required
H0052	Missing and murdered indigenous persons (MMIP) mental health and clinical care	Effective 1/1/2025 - No Prior Authorization required
H0053	Historical trauma (HT) mental health and clinical care for indigenous persons	Effective 1/1/2025 - No Prior Authorization required
J0139	Injection, adalimumab, 1 mg	Effective 1/1/2025 - Prior Authorization required
J0601	Sevelamer carbonate (Renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J0602	Sevelamer carbonate (Renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J0603	Sevelamer HCl (Renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J0607	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J0609	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J0615	Calcium acetate, oral, 23 mg (for ESRD on dialysis)	Effective 1/1/2025 - No Prior Authorization required
J0666	Injection, bupivacaine liposome, 1 mg	Effective 1/1/2025 - No Prior Authorization required
J0870	Injection, imetelstat, 1 mg	Effective 1/1/2025 - Prior Authorization required
J0901	Vadadustat, oral, 1 mg (for ESRD on dialysis)	Effective 1/1/2025 - Prior Authorization required
J1307	Injection, crovalimab-akz, 10 mg	Effective 1/1/2025 - Prior Authorization required
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Effective 1/1/2025 - Prior Authorization required
J1552	Injection, immune globulin (Alyglo), 500 mg	Effective 1/1/2025 - Prior Authorization required
J2290	Injection, nafcillin sodium, 20 mg	Effective 1/1/2025 - No Prior Authorization required
J2472	Injection, pantoprazole sodium in sodium chloride (Baxter), 40 mg	Effective 1/1/2025 - No Prior Authorization required
J2802	Injection, romiplostim, 1 mcg	Effective 1/1/2025 - Prior Authorization required
J3392	Injection, exagamglogene autotemcel, per treatment	Effective 1/1/2025 - Delegated to the state for Fee for Service
J7514	Mycophenolate mofetil (Myhibbin), oral suspension, 100 mg	Effective 1/1/2025 - Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
J7601	Ensifentrine, inhalation suspension, FDA-approved final product, noncompounded, administered through DME, unit dose form, 3 mg	Effective 1/1/2025 - Prior Authorization required
J9026	Injection, tarlatamab-dlle, 1 mg	Effective 1/1/2025 - Prior Authorization required
J9028	Injection, nogapendekin alfa inbakicept-pmIn, for intravesical use, 1 mcg	Effective 1/1/2025 - Prior Authorization required
J9076	Injection, cyclophosphamide (Baxter), 5 mg	Effective 1/1/2025 - Prior Authorization required
J9292	Injection, pemetrexed (Avyxa), not therapeutically equivalent to J9305, 10 mg	Effective 1/1/2025 - Prior Authorization required
M1371	Most recent glycemic status assessment (HbA1c or GMI) level < 7.0%	Effective 1/1/2025 - No Prior Authorization required
M1372	Most recent glycemic status assessment (HbA1c or GMI) level >= 7.0% and < 8.0%	Effective 1/1/2025 - No Prior Authorization required
M1373	Most recent glycemic status assessment (HbA1c or GMI) level >= 8.0% and <= 9.0%	Effective 1/1/2025 - No Prior Authorization required
M1374	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period	Effective 1/1/2025 - No Prior Authorization required
M1375	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period	Effective 1/1/2025 - No Prior Authorization required
M1376	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period	Effective 1/1/2025 - No Prior Authorization required
M1377	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient	Effective 1/1/2025 - No Prior Authorization required
M1378	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical re	Effective 1/1/2025 - No Prior Authorization required
M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	Effective 1/1/2025 - No Prior Authorization required
M1380	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"	Effective 1/1/2025 - No Prior Authorization required
M1381	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure	Effective 1/1/2025 - No Prior Authorization required
M1382	Patient encounter during the performance period with Place of Service code 11	Effective 1/1/2025 - No Prior Authorization required
M1383	Acute PVD	Effective 1/1/2025 - No Prior Authorization required
M1384	Patients who died during the performance period	Effective 1/1/2025 - No Prior Authorization required
M1385	Documentation of patient reasons for patients who were not seen for the second PAM survey (e.g., less than 4 months between baseline PAM assessment and follow-up) Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II at the start of the performance period	Effective 1/1/2025 - No Prior Authorization required
M1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II at the start of the performance period	Effective 1/1/2025 - No Prior Authorization required
M1387	Patients who died during the performance period	Effective 1/1/2025 - No Prior Authorization required
M1388	Patients with documentation of an exam performed for recurrence of melanoma	Effective 1/1/2025 - No Prior Authorization required
M1389	Documentation of patient reasons for no examination, (i.e., refusal of examination or lost to follow-up) (documentation must include information that the clinician was unable to reach the patient by phone, mail, or secure electronic mail - at least one me	Effective 1/1/2025 - No Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
M1399	Patients who leave the practice during the follow-up period	Effective 1/1/2025 - No Prior Authorization required
M1400	Patients who died during the follow-up period	Effective 1/1/2025 - No Prior Authorization required
M1401	Stages I-III breast cancer	Effective 1/1/2025 - No Prior Authorization required
M1402	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	Effective 1/1/2025 - No Prior Authorization required
M1403	Patients with baseline and follow-up PROMIS surveys documented in the medical record	Effective 1/1/2025 - No Prior Authorization required
M1404	Patients on a therapeutic clinical trial	Effective 1/1/2025 - No Prior Authorization required
M1405	Patients with recurrence/disease progression	Effective 1/1/2025 - No Prior Authorization required
M1406	Patients who leave the practice during the follow-up period	Effective 1/1/2025 - No Prior Authorization required
M1407	Patients who died during the follow-up period	Effective 1/1/2025 - No Prior Authorization required
M1408	Patients who have germline BRCA testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer	Effective 1/1/2025 - No Prior Authorization required
M1409	Patients who received germline testing for BRCA1 and BRCA2 or genetic counseling completed within 6 months of diagnosis	Effective 1/1/2025 - No Prior Authorization required
M1410	Patients who did not have germline testing for BRCA1 and BRCA2 or genetic counseling completed within 6 months of diagnosis	Effective 1/1/2025 - No Prior Authorization required
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	Effective 1/1/2025 - No Prior Authorization required
M1412	Patients with metastatic NSCLC with epidermal growth factor receptor (EGFR) mutations, ALK genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as NSCLC with ROS1 rearrangement, BRAF V600E mu	Effective 1/1/2025 - No Prior Authorization required
M1413	Patients who had a positive PD-L1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	Effective 1/1/2025 - No Prior Authorization required
M1414	Documentation of medical reason(s) for not performing the PD-L1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize	Effective 1/1/2025 - No Prior Authorization required
M1415	Patients who did not have a positive PD-L1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	Effective 1/1/2025 - No Prior Authorization required
M1416	Patient received hospice services any time during the performance period	Effective 1/1/2025 - No Prior Authorization required
M1417	Patients who are up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination	Effective 1/1/2025 - No Prior Authorization required
M1418	Patients who are up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination	Effective 1/1/2025 - No Prior Authorization required
M1419	Patients who are not up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination	Effective 1/1/2025 - No Prior Authorization required
M1420	Complete ophthalmologic care MIPS value pathway	Effective 1/1/2025 - No Prior Authorization required
M1421	Dermatological care MIPS value pathway	Effective 1/1/2025 - No Prior Authorization required
M1422	Gastroenterology care MIPS value pathway	Effective 1/1/2025 - No Prior Authorization required
M1423	Optimal care for patients with urologic conditions MIPS value pathway	Effective 1/1/2025 - No Prior Authorization required
M1424	Pulmonology care MIPS value pathway	Effective 1/1/2025 - No Prior Authorization required
M1425	Surgical care MIPS value pathway	Effective 1/1/2025 - No Prior Authorization required
Q0155	Dronabinol (Syndros), 0.1 mg, oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Effective 1/1/2025 - Prior Authorization required



Prior Authorization Request Updates

CPT code(s)	Service Description	Summary
Q0521	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription	Effective 1/1/2025 - No Prior Authorization required
Q4346	Shelter DM Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q4347	Rampart DL Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q4348	Sentry SL Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q4349	Mantle DL Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q4350	Palisade DM Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q4351	Enclose TL Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q4352	Overlay SL Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q4353	Xceed TL Matrix, per sq cm	Effective 1/1/2025 - Prior Authorization required
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Effective 1/1/2025 - Prior Authorization required
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q5144	Injection, adalimumab-aacf (Idacio), biosimilar, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q5145	Injection, adalimumab-afzb (Abrilada), biosimilar, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg	Effective 1/1/2025 - Prior Authorization required
Q9996	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg	Effective 1/1/2025 - Prior Authorization required
Q9998	Injection, ustekinumab-aekn (Selarsdi), 1 mg	Effective 1/1/2025 - Prior Authorization required



Prior Authorization Request Updates

Types of service - outpatient/non-patient	Vendors
Laboratory	<ul style="list-style-type: none">• Drugscan: 1-800-235-4890• JVHL: 1-800-445-4979• Quest Diagnostics: 1-866-697-8378
Nondiabetic DME, P&O and medical supplies	<ul style="list-style-type: none">• Northwood, Inc.: Call 1-800-393-6432 to identify a contracted supplier.
Non-emergency diagnostic imaging services	<ul style="list-style-type: none">• Evolent: 1-800-424-5351,• Evolent website: radmd.com