

Cigna Commercial
Prior Authorization Procedure List: Radiology & Cardiology

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------|----------|-----------|--|--|--------------------------------|-------------------|
| Cardiology | CID | 33206 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial | Out of Scope | Out of Scope | |
| Cardiology | CID | 33207 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular | Out of Scope | Out of Scope | |
| Cardiology | CID | 33208 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular | Out of Scope | Out of Scope | |
| Cardiology | CID | 33213 | Insertion of pacemaker pulse generator only; with existing dual leads | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33214 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new generator) | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33221 | Insertion of pacemaker pulse generator only; with existing multiple leads | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33224 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33225 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (list separately in addition to code for primary procedure) | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33227 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system | Out Of Scope | Out Of Scope | |

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|------------|----------|-----------|---|--|--------------------------------|-------------------|
| Cardiology | CID | 33228 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33229 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33231 | Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33249 | Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33262 | Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33263 | Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33264 | Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33270 | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed | Out Of Scope | Out Of Scope | |
| Cardiology | CID | 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed | Out of Scope | Out of Scope | |
| Radiology | MR | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | Yes | MedSolutions | |
| Radiology | CT | 70450 | C T Head Without Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70460 | C T Head With Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70470 | C T Head Without & With Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70480 | C T Orbit Without Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70481 | C T Orbit With Contrast | Out of Scope | Out of Scope | |

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|-----------|----------|-----------|--|--|--------------------------------|-------------------|
| Radiology | CT | 70482 | C T Orbit Without & With Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70486 | C T Maxillofacial Without Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70487 | C T Maxillofacial With Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70488 | C T Maxillofacial Without & With Contrast | Out of Scope | Out of Scope | |
| Radiology | CT | 70490 | C T Soft Tissue Neck Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 70491 | C T Soft Tissue Neck With Contrast | Yes | MedSolutions | |
| Radiology | CT | 70492 | C T Soft Tissue Neck Without & With Contrast | Yes | MedSolutions | |
| Radiology | CT | 70496 | CT Angiography Head | Out of Scope | Out of Scope | |
| Radiology | CT | 70498 | CT Angiography Neck | Yes | MedSolutions | |
| Radiology | MR | 70540 | M R I Orbit, Face, and/or Neck Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 70542 | M R I Face, Orbit, and/or Neck With Contrast | Yes | MedSolutions | |
| Radiology | MR | 70543 | M R I Face, Orbit, and/or Neck With & Without Contrast | Yes | MedSolutions | |

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|-----------|----------|-----------|--|--|--------------------------------|-------------------|
| Radiology | MRA | 70544 | M R A Head Without Contrast | Out of Scope | Out of Scope | |
| Radiology | MRA | 70545 | MRA Head With Contrast | Out of Scope | Out of Scope | |
| Radiology | MRA | 70546 | MRA Head With & Without Contrast | Out of Scope | Out of Scope | |
| Radiology | MRA | 70547 | MRA Neck Without Contrast | Yes | MedSolutions | |
| Radiology | MRA | 70548 | MRA Neck With Contrast | Yes | MedSolutions | |
| Radiology | MRA | 70549 | MRA Neck With & Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 70551 | M R I Head Without Contrast | Out of Scope | Out of Scope | |
| Radiology | MR | 70552 | M R I Head With Contrast | Out of Scope | Out of Scope | |
| Radiology | MR | 70553 | M R I Head With & Without Contrast | Out of Scope | Out of Scope | |
| Radiology | MR | 70554 | MRI Brain, functional MRI | Out of Scope | Out of Scope | |
| Radiology | MR | 70555 | MRI Brain, functional MRI, requiring physician | Out of Scope | Out of Scope | |
| Radiology | CT | 71250 | C T Thorax, diagnostic, Without Contrast | Yes | MedSolutions | |

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|-----------|----------|-----------|--|--|--------------------------------|-------------------|
| Radiology | CT | 71260 | C T Thorax, diagnostic, With Contrast | Yes | MedSolutions | |
| Radiology | CT | 71270 | C T Thorax, diagnostic, Without & With Contrast | Yes | MedSolutions | |
| Radiology | CT | 71271 | CT Chest, low dose for lung cancer screening, without contrast | Out Of Scope | Out Of Scope | |
| Radiology | CT | 71275 | CT Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections, Including Image Postprocessing | Yes | MedSolutions | |
| Radiology | MR | 71550 | M R I Chest Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 71551 | M R I Chest With Contrast | Yes | MedSolutions | |
| Radiology | MR | 71552 | M R I Chest With & Without Contrast | Yes | MedSolutions | |
| Radiology | MRA | 71555 | M R A Chest (Excluding Myocardium) With Or Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 72125 | C T Cervical Spine Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 72126 | C T Cervical Spine With Contrast | Yes | MedSolutions | |
| Radiology | CT | 72127 | C T Cervical Spine Without & With Contrast | Yes | MedSolutions | |
| Radiology | CT | 72128 | C T Thoracic Spine Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 72129 | C T Thoracic Spine With Contrast | Yes | MedSolutions | |

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| Radiology | CT | 72130 | C T Thoracic Spine Without & With Contrast | Yes | MedSolutions | |
| Radiology | CT | 72131 | C T Lumbar Spine Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 72132 | C T Lumbar Spine With Contrast | Yes | MedSolutions | |
| Radiology | CT | 72133 | C T Lumbar Spine Without & With Contrast | Yes | MedSolutions | |
| Radiology | MR | 72141 | M R I Cervical Spine Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 72142 | M R I Cervical Spine With Contrast | Yes | MedSolutions | |
| Radiology | MR | 72146 | M R I Thoracic Spine Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 72147 | M R I Thoracic Spine With Contrast | Yes | MedSolutions | |
| Radiology | MR | 72148 | M R I Lumbar Spine Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 72149 | M R I Lumbar Spine With Contrast | Yes | MedSolutions | |
| Radiology | MR | 72156 | M R I Cervical Spine With & Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 72157 | M R I Thoracic Spine With & Without Contrast | Yes | MedSolutions | |

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|-----------|----------|-----------|---|--|--------------------------------|-------------------|
| Radiology | MR | 72158 | M R I Lumbar Spine With & Without Contrast | Yes | MedSolutions | |
| Radiology | MRA | 72159 | M R A Spinal Canal With Or Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 72191 | CT Angiography Pelvis | Yes | MedSolutions | |
| Radiology | CT | 72192 | C T Pelvis Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 72193 | C T Pelvis With Contrast | Yes | MedSolutions | |
| Radiology | CT | 72194 | C T Pelvis Without & With Contrast | Yes | MedSolutions | |
| Radiology | MR | 72195 | M R I Pelvis Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 72196 | M R I Pelvis With Contrast | Yes | MedSolutions | |
| Radiology | MR | 72197 | M R I Pelvis With & Without Contrast | Yes | MedSolutions | |
| Radiology | MRA | 72198 | M R A Pelvis With Or Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 73200 | C T Upper Extremity Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 73201 | C T Upper Extremity With Contrast | Yes | MedSolutions | |

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| Radiology | CT | 73202 | CT Upper Extremity Without & With Contrast | Yes | MedSolutions | |
| Radiology | CT | 73206 | CT Angiography Upper Extremity | Yes | MedSolutions | |
| Radiology | MR | 73218 | MRI Upper Extremity Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 73219 | MRI Upper Extremity With Contrast | Yes | MedSolutions | |
| Radiology | MR | 73220 | MRI Upper Extremity With & Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 73221 | MRI Upper Extremity Joint Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 73222 | MRI Upper Extremity Joint With Contrast | Yes | MedSolutions | |
| Radiology | MR | 73223 | MRI Upper Extremity Joint With & Without Contrast | Yes | MedSolutions | |
| Radiology | MRA | 73225 | MRA Upper Extremity With Or Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 73700 | CT Lower Extremity Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 73701 | CT Lower Extremity With Contrast | Yes | MedSolutions | |
| Radiology | CT | 73702 | CT Lower Extremity Without & With Contrast | Yes | MedSolutions | |

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| Radiology | CT | 73706 | CT Angiography Lower Extremity | Yes | MedSolutions | |
| Radiology | MR | 73718 | M R I Lower Extremity Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 73719 | M R I Lower Extremity With Contrast | Yes | MedSolutions | |
| Radiology | MR | 73720 | M R I Lower Extremity With & Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 73721 | M R I Lower Extremity Joint Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 73722 | M R I Lower Extremity Joint With Contrast | Yes | MedSolutions | |
| Radiology | MR | 73723 | M R I Lower Extremity Joint With & Without Contrast | Yes | MedSolutions | |
| Radiology | MRA | 73725 | M R A Lower Extremity With Or Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 74150 | CT Abdomen Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 74160 | CT Abdomen With Contrast | Yes | MedSolutions | |
| Radiology | CT | 74170 | CT Abdomen Without & With Contrast | Yes | MedSolutions | |
| Radiology | CT | 74174 | CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Yes | MedSolutions | |
| Radiology | CT | 74175 | CT Angiography Abdomen | Yes | MedSolutions | |

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| Radiology | CT | 74176 | CT Abdomen And Pelvis Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 74177 | CT Abdomen And Pelvis With Contrast | Yes | MedSolutions | |
| Radiology | CT | 74178 | Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions | Yes | MedSolutions | |
| Radiology | MR | 74181 | M R I Abdomen Without Contrast | Yes | MedSolutions | |
| Radiology | MR | 74182 | M R I Abdomen With Contrast | Yes | MedSolutions | |
| Radiology | MR | 74183 | M R I Abdomen With & Without Contrast | Yes | MedSolutions | |
| Radiology | MRA | 74185 | M R A Abdomen With Or Without Contrast | Yes | MedSolutions | |
| Radiology | CT | 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | Out of Scope | Out of Scope | |
| Radiology | CT | 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed | Out of Scope | Out of Scope | |
| Radiology | CT | 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing | Out of Scope | Out of Scope | |
| Radiology | MR | 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material | Out of Scope | Out of Scope | |
| Radiology | MR | 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging | Out of Scope | Out of Scope | |
| Radiology | MR | 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences | Out of Scope | Out of Scope | |

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| Radiology | MR | 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging | Out of Scope | Out of Scope | |
| Radiology | MR | 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure) | Out of Scope | Out of Scope | |
| Radiology | CCTA | 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | Out of Scope | Out of Scope | |
| Radiology | CCTA | 75572 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | Out of Scope | Out of Scope | |
| Radiology | CCTA | 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of lv cardiac function, rv structure and function and evaluation of venous structures, if performed) | Out of Scope | Out of Scope | |
| Radiology | CCTA | 75574 | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Out Of Scope | Out Of Scope | |
| Cardiology | CCTA | 75577 | Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional | Yes | MedSolutions | |
| Cardiology | CCTA | 75580 | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional | Out Of Scope | Out Of Scope | |
| Radiology | CT | 75635 | CT Angiography Abdominal Aorta | Yes | MedSolutions | |
| Radiology | CT | 76380 | C T Limited Or Localized Follow-Up Study | Out of Scope | Out of Scope | |
| Radiology | MR | 76390 | M R I Spectroscopy | Yes | MedSolutions | |
| Radiology | MRI | 76391 | Magnetic resonance (eg, vibration) elastography | Yes | MedSolutions | |
| Radiology | CT | 76497 | Unlisted computed tomography procedure | Yes | MedSolutions | |

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|-----------|------------------|-----------|--|--|--------------------------------|-------------------|
| Radiology | MR | 76498 | Unlisted MRI Procedure | Yes | MedSolutions | |
| Radiology | BMRI | 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | Yes | MedSolutions | |
| Radiology | BMRI | 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | Yes | MedSolutions | |
| Radiology | BMRI | 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | Yes | MedSolutions | |
| Radiology | BMRI | 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | Yes | MedSolutions | |
| Radiology | CT | 77078 | Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton | Out Of Scope | Out Of Scope | |
| Radiology | MR | 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply | Yes | MedSolutions | |
| Radiology | CPET | 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Yes | MedSolutions | |
| Radiology | CPET | 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | Yes | MedSolutions | |
| Radiology | CPET | 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | Yes | MedSolutions | |
| Radiology | CPET | 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); | Yes | MedSolutions | |
| Radiology | CPET | 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | Yes | MedSolutions | |
| Radiology | CPET | 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |
| Cardiac | Nuclear Medicine | 78451 | Myocardial perfusion imaging, tomographic (spect) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Out of Scope | Out of Scope | |

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| Cardiac | Nuclear Medicine | 78452 | Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | Out of Scope | Out of Scope | |
| Cardiac | Nuclear Medicine | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Out of Scope | Out of Scope | |
| Cardiac | Nuclear Medicine | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | Out of Scope | Out of Scope | |
| Radiology | PET | 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; | Yes | MedSolutions | |
| Cardiac | Nuclear Medicine | 78466 | Myocardial Infarction Scan | Out of Scope | Out of Scope | |
| Cardiac Services | Nuclear Cardiology | 78468 | Heart Infarct Image Ejection Fraction | Out of Scope | Out of Scope | |
| Cardiac | Nuclear Medicine | 78469 | Heart Infarct Image 3D SPECT | Out of Scope | Out of Scope | |
| Cardiac | Nuclear Medicine | 78472 | Cardiac Bloodpool Img, Single | Out of Scope | Out of Scope | |
| Cardiac | Nuclear Medicine | 78473 | Cardiac Bloodpool Img, Multi | Out of Scope | Out of Scope | |

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| Cardiac | Nuclear Medicine | 78481 | Heart First Pass Single | Out of Scope | Out of Scope | |
| Cardiac | Nuclear Medicine | 78483 | Cardiac Blood Pool Imaging -- Multiple | Out of Scope | Out of Scope | |
| Radiology | PET | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) | Yes | MedSolutions | |
| Radiology | PET | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) | Yes | MedSolutions | |
| Cardiac | Nuclear Medicine | 78494 | Cardiac Blood Pool Imaging , SPECT | Out of Scope | Out of Scope | |
| Cardiac Services | Nuclear Cardiology | 78496 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure) | Out of Scope | Out of Scope | |
| Cardiac | Nuclear Medicine | 78499 | Unlisted Cardiovascular Procedure | Out of Scope | Out of Scope | |
| Radiology | PET | 78608 | Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation | Yes | MedSolutions | |
| Radiology | PET | 78609 | Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation | Yes | MedSolutions | |

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| Radiology | PET | 78811 | PET Imaging; limited area | Yes | MedSolutions | |
| Radiology | PET | 78812 | PET Imaging: skull base to mid-thigh | Yes | MedSolutions | |
| Radiology | PET | 78813 | PET Imaging: whole body | Yes | MedSolutions | |
| Radiology | PET | 78814 | PET With Concurrently Acquired Ct; Limited Area | Yes | MedSolutions | |
| Radiology | PET | 78815 | PET With Concurrently Acquired Ct; Skull Base To Mid-Thigh | Yes | MedSolutions | |
| Radiology | PET | 78816 | PET With Concurrently Acquired Ct; Whole Body | Yes | MedSolutions | |
| Cardiac | XSE | 93350 | Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report | Out of Scope | Out of Scope | |
| Cardiac | XSE | 93351 | Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation | Out of Scope | Out of Scope | |
| Cardiac Services | Cardiac Catheterization | 93451 | Right Heart Catheterization Including Measurement(S) Of Oxygen Saturation And Cardiac Output, When Performed | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography | Yes | MedSolutions | |

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| Cardiac Services | Cardiac Catheterization | 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | Yes | MedSolutions | |
| Cardiac Services | Cardiac Catheterization | 93593 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections | Out of Scope | Out of Scope | |
| Cardiac Services | Cardiac Catheterization | 93594 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections | Out of Scope | Out of Scope | |
| Cardiac Services | Cardiac Catheterization | 93595 | Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections | Out of Scope | Out of Scope | |
| Cardiac Services | Cardiac Catheterization | 93596 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections | Out of Scope | Out of Scope | |
| Cardiac Services | Cardiac Catheterization | 93597 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections | Out of Scope | Out of Scope | |
| Cardiac Services | Nuclear Cardiology | 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; | Yes | MedSolutions | |
| Cardiac Services | Nuclear Cardiology | 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | Yes | MedSolutions | |
| Radiology | MR | 0609T | Magnetic Resonance Spectroscopy | Yes | MedSolutions | |
| Radiology | MR | 0610T | Magnetic Resonance Spectroscopy | Yes | MedSolutions | |
| Radiology | MR | 0611T | Magnetic Resonance Spectroscopy | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------|----------|-----------|---|--|--------------------------------|----------------------------------|
| Radiology | MR | 0612T | Magnetic Resonance Spectroscopy | Yes | MedSolutions | |
| Radiology | CT | 0633T | CT Breast, including 3D rendering, when performed, unilateral, without contrast | Yes | MedSolutions | |
| Radiology | CT | 0634T | CT Breast, including 3D rendering, when performed, unilateral, with contrast | Yes | MedSolutions | |
| Radiology | CT | 0635T | CT Breast, including 3D rendering, when performed, unilateral, without and with contrast | Yes | MedSolutions | |
| Radiology | CT | 0636T | CT Breast, including 3D rendering, when performed, bilateral, without contrast | Yes | MedSolutions | |
| Radiology | CT | 0637T | CT Breast, including 3D rendering, when performed, bilateral, with contrast | Yes | MedSolutions | |
| Radiology | CT | 0638T | CT Breast, including 3D rendering, when performed, bilateral, without and with contrast | Yes | MedSolutions | |
| Radiology | MRI | 0648T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session. | Experimental / Investigational | MedSolutions | Effective 7/1/2021 AMA Additions |
| Radiology | MRI | 0649T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). | Experimental / Investigational | MedSolutions | Effective 7/1/2021 AMA Additions |
| Radiology | MRI | 0697T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs | Experimental / Investigational | MedSolutions | |
| Radiology | MRI | 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) | Experimental / Investigational | MedSolutions | |
| Radiology | CT | 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report | Yes | MedSolutions | |
| Radiology | CT | 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission | Yes | MedSolutions | |
| Radiology | CT | 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability | Yes | MedSolutions | |
| Radiology | CT | 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------|-------------------------|-----------|--|--|--------------------------------|-------------------|
| Cardiology | CID | 0795T | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components) | Out of Scope | Out of Scope | |
| Cardiology | CID | 0796T | right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system) | Out of Scope | Out of Scope | |
| Cardiology | CID | 0797T | right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) ②(Do not report 0795T, 0796T, 0797T in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93593, 93594, 93596, 93597, 93598, unless complete right heart catheterization is performed for indications distinct from the leadless pacemaker procedure)② | Out of Scope | Out of Scope | |
| Cardiology | CID | 0823T | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed | Out of Scope | Out of Scope | |
| Cardiology | CID | 0825T | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed | Out of Scope | Out of Scope | |
| Radiology | MRI | 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session | Yes | MedSolutions | |
| Radiology | MRI | 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | Yes | MedSolutions | |
| Cardiology | MRI CARDIAC | 0899T | Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | Yes | MedSolutions | |
| Cardiology | MRI CARDIAC | 0900T | Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | Yes | MedSolutions | |
| Cardiology | Cardiac Catheterization | C7557 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention | Yes | MedSolutions | |
| Radiology | MRA | C8900 | MRA Abdomen with contrast | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|--------------|----------|-----------|--|--|--------------------------------|-------------------|
| Radiology | MRA | C8901 | MRA Abdomen without contrast | Yes | MedSolutions | |
| Radiology | MRA | C8902 | MRA Abdomen with and w/o contrast | Yes | MedSolutions | |
| Radiology | MR | C8903 | MRI Breast with contrast, unilateral | Yes | MedSolutions | |
| Radiology | MR | C8905 | MRI Breast with and without contrast, unilateral | Yes | MedSolutions | |
| Radiology | MR | C8906 | MRI Breast Bilateral with contrast | Yes | MedSolutions | |
| Radiology | MR | C8908 | MRI Breast Bilateral with and without contrast | Yes | MedSolutions | |
| Radiology | MRA | C8909 | MRA chest with contrast (excluding myocardium) | Yes | MedSolutions | |
| Radiology | MRA | C8910 | MRA chest without contrast (excluding myocardium) | Yes | MedSolutions | |
| Radiology | MRA | C8911 | MRA chest with and without contrast (excluding myocardium) | Yes | MedSolutions | |
| Radiology | MRA | C8912 | MRA lower extremity with contrast | Yes | MedSolutions | |
| Radiology | MRA | C8913 | MRA lower extremity without contrast | Yes | MedSolutions | |
| Radiology | MRA | C8914 | MRA lower extremity with and without contrast | Yes | MedSolutions | |
| Radiology | MRA | C8918 | MRA pelvis with contrast | Yes | MedSolutions | |
| Radiology | MRA | C8919 | MRA pelvis without contrast | Yes | MedSolutions | |
| Radiology | MRA | C8920 | MRA pelvis with and without contrast | Yes | MedSolutions | |
| Radiology | MRA | C8931 | MRA, with Dye, Spinal Canal | Yes | MedSolutions | |
| Radiology | MRA | C8932 | MRA, without Dye, Spinal Canal | Yes | MedSolutions | |
| Radiology | MRA | C8933 | MRA, without & with Dye, Spinal Canal | Yes | MedSolutions | |
| Radiology | MRA | C8934 | MRA, with Dye, Upper Extremity | Yes | MedSolutions | |
| Radiology | MRA | C8935 | MRA, without Dye, Upper Extr | Yes | MedSolutions | |
| Radiology | MRA | C8936 | MRA, without & with Dye, Upper Extr | Yes | MedSolutions | |
| Radiology | BMRI | C8937 | Computer aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation | Yes | MedSolutions | |
| Cardiology | MR | C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging | Yes | MedSolutions | |
| Cardiology | MR | C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging | Yes | MedSolutions | |
| Radiology MR | MRI | C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | Yes | MedSolutions | |
| Cardiology | CCTA | C9793 | 3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report | Yes | MedSolutions | |
| Radiology | PET | G0219 | PET Imaging Whole Body; Melanoma For Non-Covered Indications | Yes | MedSolutions | |
| Radiology | PET | G0235 | PET Imaging, Any Site, Not Otherwise Specified | Yes | MedSolutions | |
| Radiology | PET | G0252 | PET Imaging, Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer | Yes | MedSolutions | |
| Radiology | MR | S8037 | Magnetic resonance cholangiopancreato-graphy (MRCP) | Yes | MedSolutions | |
| Radiology | CT | S8092 | Electron Beam Computed Tomography (Also Known As Ultrafast CT, CINET) | Yes | MedSolutions | |

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Cigna Commercial
Prior Authorization Procedure List: Vascular Interventions

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------------------|-------------------------------|-----------|---|--|--------------------------------|-------------------|
| Intracranial Interventions | | | | | | |
| Vascular Interventions | Cerebrovascular Interventions | 61624 | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 61630 | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 61635 | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed | Yes | CareCore National | |
| Carotid Stent | | | | | | |
| Vascular Interventions | Cerebrovascular Interventions | 37215 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 37216 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection | Yes | CareCore National | |
| Vascular Interventions | Cerebrovascular Interventions | 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation | Yes | CareCore National | |
| Vertebral Stent | | | | | | |
| Vascular Interventions | Cerebrovascular Interventions | 0075T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel | Yes | CareCore National | |
| Sclerotherapy of Truncal Veins | | | | | | |
| Vascular Interventions | Venous Interventions | 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-------------------------------|----------------------|-----------|--|--|--------------------------------|-------------------|
| Sclerotherapy of Veins | | | | | | |
| Vascular Interventions | Venous Interventions | 36468 | Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36471 | Injection(s) of sclerosant; multiple incompetent veins (other than telangiectasia), same leg | Yes | CareCore National | |
| Endovenous Ablation | | | | | | |
| Vascular Interventions | Venous Interventions | 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Add-On Code | CareCore National | |
| Vascular Interventions | Venous Interventions | 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Add-On Code | CareCore National | |
| Vascular Interventions | Venous Interventions | 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Add-On Code | CareCore National | |
| Vascular Interventions | Venous Interventions | 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Add-On Code | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------------------|----------------------|-----------|---|--|--------------------------------|-------------------|
| | | | Venous Stenting | | | |
| Vascular Interventions | Venous Interventions | 37238 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37239 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure) | Add-On Code | CareCore National | |
| Vascular Interventions | Venous Interventions | 37248 | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37249 | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein: EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | Add-On Code | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------------------|--------------------------------|-----------|---|--|--------------------------------|-------------------|
| | | | Iliac artery angioplasty/stent | | | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37254 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37255 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37256 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37257 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37258 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37259 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37260 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Iliac artery angioplasty/stent | 37261 | Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------------------|--|-----------|---|--|--------------------------------|-------------------|
| | | | Femoral-popliteal artery angioplasty/stent | | | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37263 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37264 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37265 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37266 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37267 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37268 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------------------|--|-----------|---|--|--------------------------------|-------------------|
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37269 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Femoral-popliteal artery angioplasty/stent | 37270 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Atherectomy | | | | | | |
| Vascular Interventions | Atherectomy | 37271 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37272 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37273 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37274 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------------------|-------------|-----------|--|--|--------------------------------|-------------------|
| Vascular Interventions | Atherectomy | 37275 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37276 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37277 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Atherectomy | 37278 | Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------------------|------------------------------------|-----------|---|--|--------------------------------|-------------------|
| | | | Tibial Arterial Interventions (LE) | | | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37280 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37281 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37282 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37283 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37284 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37285 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37286 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|------------------------|------------------------------------|-----------|---|--|--------------------------------|-------------------|
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37287 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37288 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37289 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37290 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37291 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37292 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|--|---|-----------|--|--|--------------------------------|-------------------|
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37293 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37294 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel | Yes | CareCore National | |
| Vascular Interventions | Tibial Arterial Interventions (LE) | 37295 | Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Intravascular Lithotripsy - Iliac | | | | | | |
| Vascular Interventions | Intravascular Lithotripsy - Iliac | 37262 | Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Intravascular Lithotripsy - Femoral and Popliteal | | | | | | |
| Vascular Interventions | Intravascular Lithotripsy - Femoral and Popliteal | 37279 | Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure) | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---|-----------------------|-----------|---|--|--------------------------------|-------------------|
| High Ligation and Stripping of Saphenous veins | | | | | | |
| Vascular Interventions | Venous Interventions | 37700 | Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37718 | Ligation, division, and stripping, short saphenous vein | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) | Yes | CareCore National | |
| Phlebectomy | | | | | | |
| Vascular Interventions | Venous Interventions | 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg | Yes | CareCore National | |
| Vascular Interventions | Venous Interventions | 37799 | Unlisted procedure, vascular surgery | Yes | CareCore National | |
| Venous Embolization | | | | | | |
| Vascular Interventions | Vascular Embolization | 37241 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) | Yes | CareCore National | |
| Arterial Embolization | | | | | | |
| Vascular Interventions | Vascular Embolization | 37242 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) | Yes | CareCore National | |
| Tumor Embolization | | | | | | |
| Vascular Interventions | Vascular Embolization | 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | Yes | CareCore National | |
| Extravasation Embolization | | | | | | |
| Vascular Interventions | Vascular Embolization | 37244 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-------------------------------------|-----------------------------------|-----------|--|--|--------------------------------|-------------------|
| Investigational/Experimental | | | | | | |
| Vascular Interventions | Lower Extremity Interventions | C9764 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed | Investigational / Experimental | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | C9767 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed | Investigational / Experimental | CareCore National | |
| Vascular Interventions | Lower Extremity Interventions | C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed | Investigational / Experimental | CareCore National | |
| Iliac aneurysm repair | | | | | | |
| Vascular Interventions | Aortic Dissection/Aneurysm Repair | 34718 | Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral | Investigational / Experimental | CareCore National | |

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Cigna Commercial
Prior Authorization Procedure List: Joint Surgery

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|---|--|--------------------------------|-------------------|
| Musculoskeletal | Joint Surgery | 27442 | Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23472 | Arthroplasty, Glenohumeral Joint; Total Shoulder [Glenoid And Proximal Humeral Replacement (E.G., Total Shoulder)] | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29860 | Arthroscopy, Hip, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) | Add-On Code | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29915 | Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29870 | Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) | Add-On Code | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29874 | Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg Osteochondritis Dissecans Fragmentation, Chondral Fragmentation) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29875 | Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg Plica Or Shelf Resection) (Separate Procedure) | Add-On Code | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29883 | Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial And Lateral) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29882 | Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial Or Lateral) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29880 | Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29881 | Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment (S) When Performed | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29828 | Arthroscopy, Shoulder, Biceps Tenodesis | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29807 | Arthroscopy, Shoulder, Slap Repair | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29823 | Arthroscopy, Shoulder, Surgical; Debridement, Extensive | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29825 | Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Our Without Manipulation | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27335 | Arthrotomy, With Synovectomy, Knee;Anterior AND Posterior Including Popliteal Area | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23462 | Capsulorrhaphy, Anterior, Any Type;With Coracoid Process Transfer | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23455 | Capsulorrhaphy, Anterior;With Labral Repair (Eg, Bankart Procedure) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27125 | Hemiarthroplasty, Hip, Partial (E.G., Femoral Stem Prosthesis, Bipolar Arthroplasty) | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|---|--|--------------------------------|--|
| Musculoskeletal | Joint Surgery | 27428 | Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27429 | Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) And Extra-Articular | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27570 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Joint Surgery | 23700 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Joint Surgery | 27422 | Reconstruction Of Dislocating Patella;With Extensor Realignment And/Or Muscle Advancement Or Release (Eg, Campbell, Goldwaite Type Procedure) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27424 | Reconstruction Of Dislocating Patella;With Patelectomy | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23412 | Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open;Chronic | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27405 | Repair, primary, torn ligament and/or capsule, knee; collateral | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27138 | Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Autograft Or Allograft | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27486 | Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23130 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27418 | Anterior tibial tubercleplasty (eg, Maquet type procedure) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27443 | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27440 | Arthroplasty, knee, tibial plateau | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27441 | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27438 | Arthroplasty, patella; with prosthesis | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29889 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|---|--|--------------------------------|-------------------|
| Musculoskeletal | Joint Surgery | 29862 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29914 | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29916 | Arthroscopy, hip, surgical; with labral repair | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29861 | Arthroscopy, hip, surgical; with removal of loose body or foreign body | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29863 | Arthroscopy, hip, surgical; with synovectomy | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29886 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29887 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29885 | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29871 | Arthroscopy, knee, surgical; for infection, lavage and drainage | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s]) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29876 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29873 | Arthroscopy, knee, surgical; with lateral release | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29884 | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) | Add-On Code | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29805 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) | Add-On Code | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29822 | Arthroscopy, shoulder, surgical; debridement, limited | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure) | Add-On Code | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27403 | Arthrotomy with meniscus repair, knee | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27333 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|--|
| Musculoskeletal | Joint Surgery | 27332 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27334 | Arthrotomy, with synovectomy, knee; anterior OR posterior | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27412 | Autologous chondrocyte implantation, knee | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23020 | Capsular contracture release (eg, Sever type procedure) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23460 | Capsulorrhaphy, anterior, any type; with bone block | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23450 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23466 | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23465 | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23120 | Claviclectomy; partial | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23415 | Coracoacromial ligament release, with or without acromioplasty | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27425 | Lateral retinacular release, open | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27415 | Osteochondral allograft, knee, open | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27420 | Reconstruction of dislocating patella; (eg, Hauser type procedure) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23000 | Removal of subdeltoid calcareous deposits, open | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23440 | Resection or transplantation of long tendon of biceps | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23473 | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23430 | Tenodesis of long tendon of biceps | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 22899 | Unlisted procedure, spine | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|---|
| Musculoskeletal | Joint Surgery | 23929 | Unlisted procedure, shoulder | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. Unlisted procedure, shoulder |
| Musculoskeletal | Joint Surgery | 27299 | Unlisted procedure, pelvis or hip joint | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. Unlisted procedure, pelvis or hip joint |
| Musculoskeletal | Joint Surgery | 27599 | Unlisted procedure, femur or knee | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Joint Surgery | 27899 | Unlisted procedure, leg or ankle | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Joint Surgery | 29999 | Unlisted procedure, arthroscopy | Add-On Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Joint Surgery | 27358 | Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure) | Add-On Code | MedSolutions | |
| Musculoskeletal | Joint Surgery | J7330 | Autologous cultured chondrocytes, implant | Add-On Code | MedSolutions | Companion procedure to 27412. This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Joint Surgery | 23106 | Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23145 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23155 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23172 | Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23174 | Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 23802 | Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27033 | Arthrotomy, hip, including exploration or removal of loose or foreign body | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27175 | Treatment of slipped femoral epiphysis; by traction, without reduction | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27331 | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27340 | Excision, prepatellar bursa | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27347 | Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27355 | Excision or curettage of bone cyst or benign tumor of femur; | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27356 | Excision or curettage of bone cyst or benign tumor of femur; with allograft | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27357 | Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27360 | Partial excision (craterization, saucerization, or diaphysecomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27407 | Repair, primary, torn ligament and/or capsule, knee; cruciate | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 27409 | Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29850 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29851 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29855 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy) | Yes | MedSolutions | |
| Musculoskeletal | Joint Surgery | 29856 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) | Yes | MedSolutions | |

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Cigna Commercial
Prior Authorization Procedure List: Interventional Pain Management

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|---|--|--------------------------------|-------------------|
| Musculoskeletal | Interventional Pain | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62263 | Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62264 | Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62280 | Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62281 | Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | Yes | MedSolutions | Add 1/1/2017 |
| Musculoskeletal | Interventional Pain | 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | Yes | MedSolutions | Add 1/1/2017 |
| Musculoskeletal | Interventional Pain | 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | Yes | MedSolutions | Add 1/1/2017 |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Interventional Pain | 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes | MedSolutions | Add 1/1/2017 |
| Musculoskeletal | Interventional Pain | 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | Yes | MedSolutions | Add 1/1/2017 |
| Musculoskeletal | Interventional Pain | 62325 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | Yes | MedSolutions | Add 1/1/2017 |
| Musculoskeletal | Interventional Pain | 62326 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | Yes | MedSolutions | Add 1/1/2017 |
| Musculoskeletal | Interventional Pain | 62327 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes | MedSolutions | Add 1/1/2017 |
| Musculoskeletal | Interventional Pain | 62350 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62351 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 62361 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Interventional Pain | 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64479 | Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Cervical Or Thoracic, Single Level | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64480 | Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code For Primary Procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64483 | Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Lumbar Or Sacral, Single Level | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64484 | Injection, Anesthetic Agent And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or CT), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64490 | Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64492 | Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|--|--|--------------------------------|--|
| Musculoskeletal | Interventional Pain | 64494 | Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64510 | Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic) | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64520 | Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic) | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64635 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64636 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 64999 | Unlisted procedure, nervous system | Add-on Code | MedSolutions | This unlisted code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. Unlisted procedure, nervous system |
| Musculoskeletal | Interventional Pain | 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|---|--|--------------------------------|---|
| Musculoskeletal | Interventional Pain | 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | Yes | MedSolutions | |
| Musculoskeletal | Interventional Pain | 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Add-on Code | MedSolutions | |
| Musculoskeletal | Interventional Pain | C1767 | Generator, neurostimulator (implantable), non-rechargeable | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | C1772 | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. Infusion pump, programmable (implantable) Effective 07/01/2021 | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | C1778 | Lead, neurostimulator (implantable) | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | C1787 | Generator, neurostimulator (implantable), nonrechargeable | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | C1816 | Receiver and/or transmitter, neurostimulator (implantable) | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|---|--|--------------------------------|---|
| Musculoskeletal | Interventional Pain | C1820 | Generator, neurostimulator (implantable), with rechargeable battery and charging system | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | C1822 | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | C1883 | Adaptor/extension, pacing lead or neurostimulator lead (implantable) | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | C1897 | Lead, neurostimulator test kit (implantable) | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | E0782 | Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | E0785 | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | E0786 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography | Yes | MedSolutions | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|---|--|--------------------------------|---|
| Musculoskeletal | Interventional Pain | L8679 | Implantable neurostimulator, pulse generator, any type | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8680 | Implantable neurostimulator electrode, each | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8682 | Implantable neurostimulator radiofrequency receiver | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8686 | Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------------|-----------|--|--|--------------------------------|---|
| Musculoskeletal | Interventional Pain | L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |
| Musculoskeletal | Interventional Pain | L8695 | External recharging system for battery (external) for use with implantable neurostimulator, replacement only | Add-on Code | MedSolutions | This procedure code will be managed if submitted with a code that is in the delegated MSK program; otherwise, Cigna will manage the code. |

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Cigna Commercial
Prior Authorization Procedure List: Spine Surgery

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Spine Surgery | 20930 | Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20931 | Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20936 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs,Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20937 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20938 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural,Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20939 | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 20975 | Electrical Stimulation To Aid Bone Healing; Invasive (Operative) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22208 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment, lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22216 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22226 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22510 | Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22511 | Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Spine Surgery | 22512 | Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body(List Separately In Addition To Code Fo | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22513 | Percutaneous Vertebral Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imgaging Guidance; | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22514 | Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive Of All Imaging Guidanc | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22515 | Percutaneous Vertebral Augmenation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device(Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; E | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22527 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more add'l levels (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22533 | Arthrodesis, Lateral Extracavitory Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22534 | Arthrodesis, Lateral Extracavitory Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separatelyin Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22551 | Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2 | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22552 | Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2, Each Additional Interspace (List Separately In Addition To Code For Separate Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22554 | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2 | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22558 | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22585 | Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22586 | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22600 | Arthrodesis, Posterior Or Posterolateral Technique, Single interspace, Cervical Below C2 Segment | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22610 | Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22612 | Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique, When Performed) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22614 | Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|---|--|--------------------------------|-------------------|
| Musculoskeletal | Spine Surgery | 22630 | Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22632 | Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22633 | Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22634 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List sep | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22836 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22837 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22838 | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22841 | Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22842 | Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22843 | Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22844 | Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22845 | Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22846 | Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22847 | Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22848 | Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22849 | Reinsertion of spinal fixation device | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Spine Surgery | 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22852 | Removal of posterior segmental instrumentation | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22853 | Insertion Of Interbody Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Conjunction With Interbody Arthrodesis, Each Interspace (List Performed, To Intervertebral D | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22854 | Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(ies) (Vertebral Body Resection, Partial Or Complete) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22855 | Removal of anterior instrumentation | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22856 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace, Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22857 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22858 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition To Primary) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22859 | Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Efect (List Separately In Addition To Code For Primary) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22860 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22861 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22862 | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22867 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22868 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22869 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22870 | Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 22899 | Unlisted procedure, spine | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 27278 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|---|--|--------------------------------|-------------------|
| Musculoskeletal | Spine Surgery | 27280 | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 62287 | Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 62290 | Injection procedure for discography, each level; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 62380 | Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63001 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63005 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Lumbar, Except For Spondylolisthesis | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63012 | Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63015 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63016 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63017 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63020 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63030 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63042 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63044 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Lumbar Interspace (List Separately In Additi | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63045 | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment; Cervical | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63047 | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63048 | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Each Additional Vertebral Segment, Cervical, Thora | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Spine Surgery | 63056 | Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63057 | Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63081 | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63082 | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Each Additional Segment (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63088 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63091 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 63267 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 64999 | Unlisted procedure, spine | Unlisted | CareCore National | |
| Musculoskeletal | Spine Surgery | 0098T | Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0200T | Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0201T | Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), two or more needles | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0627T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-----------------|---------------|-----------|--|--|--------------------------------|-------------------|
| Musculoskeletal | Spine Surgery | 0628T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0629T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0656T | Vertebral body tethering, anterior; up to 7 vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | 0657T | Vertebral body tethering, anterior; 8 or more vertebral segments | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | C1062 | Intravertebral body fracture augmentation with implant (e.g., metal, polymer) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | C1821 | Interspinous process distraction device (implantable) | Yes | CareCore National | |
| Musculoskeletal | Spine Surgery | C2614 | Probe, percutaneous lumbar discectomy | Yes | CareCore National | |

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Cigna Commercial
Prior Authorization Procedure List: Gastroenterology

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------|----------|-----------|--|--|--------------------------------|--|
| GI | EGD | 43206 | Esophagoscopy, flexible, transoral; with optical endomicroscopy | Out Of Scope | Out Of Scope | CPT Codes 43206, and 43252 are considered experimental and investigational and will be denied if requested |
| GI | EGD | 43252 | Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy | Experimental / Investigational | CareCore National | CPT Codes 43206, and 43252 are considered experimental and investigational and will be denied if requested |
| GI | EGD | 43200 | Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | Out Of Scope | Out Of Scope | |
| GI | EGD | 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance | Out Of Scope | Out Of Scope | |
| GI | EGD | 43202 | Esophagoscopy, flexible, transoral; with biopsy, single or multiple | Out Of Scope | Out Of Scope | |
| GI | EGD | 43204 | Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices | Out Of Scope | Out Of Scope | |
| GI | EGD | 43205 | Esophagoscopy, flexible, transoral; with band ligation of esophageal varices | Out Of Scope | Out Of Scope | |
| GI | EGD | 43211 | Esophagoscopy flexible transoral mucosal resection | Out Of Scope | Out Of Scope | |
| GI | EGD | 43212 | Esophagoscopy transoral stent placement | Out Of Scope | Out Of Scope | |
| GI | EGD | 43213 | Esophagoscopy retrograde dilate balloon/other | Out Of Scope | Out Of Scope | |
| GI | EGD | 43214 | Esophagoscopy dilate esophagus balloon 30 mm | Out Of Scope | Out Of Scope | |
| GI | EGD | 43215 | Esophagoscopy, flexible, transoral; with removal of foreign body(s) | Out Of Scope | Out Of Scope | |
| GI | EGD | 43216 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | Out Of Scope | Out Of Scope | |
| GI | EGD | 43217 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | Out Of Scope | Out Of Scope | |
| GI | EGD | 43220 | Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) | Out Of Scope | Out Of Scope | |
| GI | EGD | 43227 | Esophagoscopy, flexible, transoral; with control of bleeding, any method | Out Of Scope | Out Of Scope | |
| GI | EGD | 43229 | Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | Out Of Scope | Out Of Scope | |
| GI | EGD | 43233 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------|----------|-----------|---|--|--------------------------------|-------------------|
| GI | EGD | 43235 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | Yes | CareCore National | |
| GI | EGD | 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance | Yes | CareCore National | |
| GI | EGD | 43239 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple | Yes | CareCore National | |
| GI | EGD | 43241 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter | Yes | CareCore National | |
| GI | EGD | 43243 | Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices | Yes | CareCore National | |
| GI | EGD | 43244 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices | Yes | CareCore National | |
| GI | EGD | 43245 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie) | Yes | CareCore National | |
| GI | EGD | 43247 | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) | Yes | CareCore National | |
| GI | EGD | 43248 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire | Yes | CareCore National | |
| GI | EGD | 43249 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) | Yes | CareCore National | |
| GI | EGD | 43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | Yes | CareCore National | |
| GI | EGD | 43251 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | Yes | CareCore National | |
| GI | EGD | 43254 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection | Yes | CareCore National | |
| GI | EGD | 43255 | Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method | Yes | CareCore National | |
| GI | EGD | 43266 | Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | Yes | CareCore National | |
| GI | EGD | 43270 | Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | Yes | CareCore National | |
| GI | EGD | 43226 | Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire | Out Of Scope | Out Of Scope | |

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Cigna Commercial
Prior Authorization Procedure List: Radiation Oncology

| CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | Included with UM + CS | Grouping for filter | External Notation |
|----------------------|---|--|--------------------------------|-----------------------|---------------------|-------------------|
| Brachytherapy | | | | | | |
| 0395T | HDR electronic brachytherapy, interstitial or intracavitory treatment, per fraction | Yes | CareCore National | Yes | | |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) | Yes | CareCore National | Yes | | |
| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) | Yes | CareCore National | Yes | | |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) | Yes | CareCore National | Yes | | |
| 77761 | Intracavitory radiation source application; simple | Yes | CareCore National | Yes | | |
| 77762 | Intracavitory radiation source application; intermediate | Yes | CareCore National | Yes | | |
| 77763 | Intracavitory radiation source application; complex | Yes | CareCore National | Yes | | |
| 77767 | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel | Yes | CareCore National | Yes | | |
| 77768 | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | Yes | CareCore National | Yes | | |
| 77770 | HDR radionuclide interstitial or intracavitory brachytherapy; 1 channel | Yes | CareCore National | Yes | | |
| 77771 | HDR radionuclide rate interstitial or intracavitory brachytherapy; 2 to 12 channels | Yes | CareCore National | Yes | | |
| 77772 | HDR radionuclide interstitial or intracavitory brachytherapy; over 12 channels | Yes | CareCore National | Yes | | |
| 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed | Yes | CareCore National | Yes | | |
| 77789 | Surface application of low dose rate radionuclide source | Yes | CareCore National | Yes | | |
| 77790 | Supervision, handling, loading of radiation source | Yes | CareCore National | Yes | | |
| 77799 | Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777) | Yes | CareCore National | Yes | | |

| CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | Included with UM + CS | Grouping for filter | External Notation |
|---|--|--|--------------------------------|-----------------------|--|-------------------|
| C9726 | Placement and removal (if performed) of applicator into breast for radiation therapy | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| Cardiac Focal Ablation | | | | | | |
| 0745T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance | Yes | CareCore National | Yes | AMA addition - eff 01/01/2023 | |
| 0746T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan | Yes | CareCore National | Yes | AMA addition - eff 01/01/2023 | |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | Yes | CareCore National | Yes | AMA addition - eff 01/01/2023 | |
| Client Specific Managed Code(s) | | | | | | |
| 63620 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion | Yes | CareCore National | Yes | | |
| 63621 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | | |
| Stereotactic Radiation Therapy | | | | | | |
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based | Yes | CareCore National | Yes | | |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | Yes | CareCore National | Yes | | |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | Yes | CareCore National | Yes | | |
| 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) | Yes | CareCore National | Yes | | |
| 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | Yes | CareCore National | Yes | | |
| G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | Yes | CareCore National | Yes | | |
| G0340 | Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment | Yes | CareCore National | Yes | | |
| Intensity Modulated Radiation Therapy (IMRT) | | | | | | |
| 77301 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications | Yes | CareCore National | Yes | | |
| 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan | Yes | CareCore National | Yes | | |
| Neutron Beam Radiation Therapy | | | | | | |
| 77423 | High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) | Yes | CareCore National | Yes | | |

| CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | Included with UM + CS | Grouping for filter | External Notation |
|-----------|---|--|--------------------------------|-----------------------|--|-------------------|
| | Intraoperative Radiation Therapy (IORT) | Yes | CareCore National | | | |
| 19294 | Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy | Yes | CareCore National | Yes | | |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | Yes | CareCore National | Yes | | |
| 77469 | Intraoperative radiation treatment management | Yes | CareCore National | Yes | | |
| | Proton Beam Radiation Therapy | Yes | CareCore National | | | |
| 77520 | Proton treatment delivery; simple, without compensation | Yes | CareCore National | Yes | | |
| 77522 | Proton treatment delivery; simple, with compensation | Yes | CareCore National | Yes | | |
| 77523 | Proton treatment delivery; intermediate | Yes | CareCore National | Yes | | |
| 77525 | Proton treatment delivery; complex | Yes | CareCore National | Yes | | |
| S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | Yes | CareCore National | Yes | | |
| | Hyperthermia Treatment | Yes | CareCore National | | | |
| 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) | Out Of Scope | Out Of Scope | Yes | | |
| 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) | Out Of Scope | Out Of Scope | Yes | | |
| 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators | Out Of Scope | Out Of Scope | Yes | | |
| 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators | Out Of Scope | Out Of Scope | Yes | | |
| 77620 | Hyperthermia generated by intracavitary probe(s) | Out Of Scope | Out Of Scope | Yes | | |
| | Radiation Treatment Management | Yes | CareCore National | | | |
| 77427 | Radiation treatment management, 5 treatments | Yes | CareCore National | Yes | | |
| 77431 | Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only | Yes | CareCore National | Yes | | |
| 77470 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) | Yes | CareCore National | Yes | | |
| 77499 | Unlisted procedure, therapeutic radiology treatment management | Yes | CareCore National | Yes | | |
| | Radiation Treatment Planning | | | | | |
| 77261 | Therapeutic radiology treatment planning; simple | Yes | CareCore National | Yes | | |

| CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | Included with UM + CS | Grouping for filter | External Notation |
|--|--|--|--------------------------------|-----------------------|---------------------|-------------------|
| 77262 | Therapeutic radiology treatment planning; intermediate | Yes | CareCore National | Yes | | |
| 77263 | Therapeutic radiology treatment planning; complex | Yes | CareCore National | Yes | | |
| 77280 | Therapeutic radiology simulation-aided field setting; simple | Yes | CareCore National | Yes | | |
| 77285 | Therapeutic radiology simulation-aided field setting; intermediate | Yes | CareCore National | Yes | | |
| 77290 | Therapeutic radiology simulation-aided field setting; complex | Yes | CareCore National | Yes | | |
| 77293 | Respiratory motion management simulation (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | | |
| Radiation Treatment Delivery | | | | | | |
| 77402 | Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed | Yes | CareCore National | Yes | | |
| 77407 | Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed | Yes | CareCore National | Yes | | |
| 77412 | Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed | Yes | CareCore National | Yes | | |
| 77417 | Therapeutic radiology port images(s) | Yes | CareCore National | Yes | | |
| 77437 | Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy) | Yes | CareCore National | Yes | | |
| 77438 | Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction | Yes | CareCore National | Yes | | |
| 77439 | Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | | |
| Image-Guided Radiation (IGRT) | | | | | | |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | Yes | CareCore National | Yes | | |
| Medical Radiation Physics, Dosimetry, and Treatment Devices | | | | | | |
| 77295 | 3-dimensional radiotherapy plan, including dose-volume histograms | Yes | CareCore National | Yes | | |
| 77300 | Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl | Yes | CareCore National | Yes | | |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) | Yes | CareCore National | Yes | | |
| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | Yes | CareCore National | Yes | | |
| 77321 | Special teletherapy port plan, particles, hemibody, total body | Yes | CareCore National | Yes | | |

| CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | Included with UM + CS | Grouping for filter | External Notation |
|---|---|--|--------------------------------|-----------------------|--|-------------------|
| 77331 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician | Yes | CareCore National | Yes | | |
| 77332 | Treatment devices, design and construction; simple (simple block, simple bolus) | Yes | CareCore National | Yes | | |
| 77333 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) | Yes | CareCore National | Yes | | |
| 77334 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) | Yes | CareCore National | Yes | | |
| 77336 | Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy | Yes | CareCore National | Yes | | |
| 77370 | Special medical radiation physics consultation | Yes | CareCore National | Yes | | |
| 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services | Yes | CareCore National | Yes | | |
| Therapeutic Radiopharmaceuticals | | | | | | |
| 79005 | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment | Yes | CareCore National | Yes | | |
| 79101 | Radiopharmaceutical, therapy, by intravenous administration | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| A9606 | Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo) | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| A9607 | Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | Yes | CareCore National | Yes | | |
| A9699 | Radiopharmaceutical, therapeutic, not otherwise classified | Yes | CareCore National | Yes | | |
| C2616 | Brachytherapy source, nonstranded, yttrium-90, per source | Yes | CareCore National | Yes | | |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | Yes | CareCore National | Yes | | |
| Associated Services with Radiation Therapy | | | | | | |
| 19296 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy | Yes | CareCore National | Yes | | |
| 19297 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | | |
| 19298 | Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance | Yes | CareCore National | Yes | | |
| 31643 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application | Out Of Scope | Out Of Scope | Yes | | |

| CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | Included with UM + CS | Grouping for filter | External Notation |
|------------------|--|--|--------------------------------|-----------------------|--|-------------------|
| 32553 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple | Yes | CareCore National | Yes | | |
| 41019 | Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application | Yes | CareCore National | Yes | | |
| 49411 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple | Yes | CareCore National | Yes | | |
| 49412 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | | |
| 55875 | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy | Yes | CareCore National | Yes | | |
| 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple | Yes | CareCore National | Yes | | |
| 55920 | Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application | Yes | CareCore National | Yes | | |
| 57155 | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy | Yes | CareCore National | Yes | | |
| 57156 | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy | Yes | CareCore National | Yes | | |
| 58346 | Insertion of Heyman capsules for clinical brachytherapy | Yes | CareCore National | Yes | | |
| 76873 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) | Yes | CareCore National | Yes | | |
| 76965 | Ultrasonic guidance for interstitial radioelement application | Yes | CareCore National | Yes | | |
| 77436 | Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting | Yes | CareCore National | Yes | | |
| Neuro SRS | | | | | | |
| 61796 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| 61797 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| 61798 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| 61799 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |
| 61800 | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) | Yes | CareCore National | Yes | 1/1/19 - eviCore Radiation Therapy Program Additions | |

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Cigna Commercial
Prior Authorization Procedure List: Sleep

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------|---------------|-----------|--|--|--------------------------------|---|
| Sleep | Sleep Testing | 95782 | Polysomnography, sleep monitoring of patient younger than 6 years old in a sleep lab | Yes | CareCore National | |
| Sleep | Sleep Testing | 95783 | Polysomnography, sleep monitoring of patient younger than 6 years old in a sleep lab with breathing assistance | Yes | CareCore National | |
| Sleep | Sleep Testing | 95800 | Sleep Study, a device used while a person is sleeping to monitor heart rate and breathing | Out of Scope | CareCore National | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | 95801 | Sleep Study, a device used while a person is sleeping to monitor heart rate and breathing | Out of Scope | CareCore National | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | 95805 | Multiple Sleep Latency Test (MSLT), facility based test to see the amount of sleepiness or to test the ability to stay awake | Yes | CareCore National | |
| Sleep | Sleep Testing | 95806 | Sleep Study, a device used while someone is sleeping to monitor heart rate and breathing | Out of Scope | CareCore National | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | 95807 | Sleep Study, facility based test to diagnose or plan treatment for a sleep related problem | Yes | CareCore National | |
| Sleep | Sleep Testing | 95808 | Polysomnography, sleep monitoring of patient at any age in a sleep lab | Yes | CareCore National | |
| Sleep | Sleep Testing | 95810 | Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab | Yes | CareCore National | |
| Sleep | Sleep Testing | 95811 | Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab with breathing equipment | Yes | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | E0470 | Bi-Level Positive Airway Pressure Device, a home based healthcare device that provides treatment for breathing disorders | No | CareCore National | This CPT Code does not require a precertification through EviCore but please register the device with the manufacturer |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------|---------------|-----------|---|--|--------------------------------|---|
| Durable Medical Equipment | CPAP/BIPAP | E0471 | Bi-Level Positive Airway Pressure Device, a home based healthcare device that provides treatment for breathing disorders | No | CareCore National | This CPT Code does not require a precertification through EviCore but please register the device with the manufacturer |
| Durable Medical Equipment | Sleep Testing | E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application. | Experimental / Investigational | CareCore National | |
| Durable Medical Equipment | Sleep Testing | E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type | Experimental / Investigational | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | E0601 | Positive Airway Pressure Device, a home based healthcare device that determines and provides treatment for a breathing disorder diagnosed by a Home Sleep Test (HST) or a facility based sleep test | No | CareCore National | This CPT Code does not require a precertification through EviCore but please register the device with the manufacturer |
| Sleep | Sleep Testing | G0398 | Home Sleep Study Test (HST), home based device with 7 channels used to monitor your sleep and breathing during sleep | Out of Scope | CareCore National | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | G0399 | Home Sleep Study Test (HST), home based device with 7 channels used to monitor your sleep and breathing during sleep | Out of Scope | CareCore National | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | G0400 | Home Sleep Study Test (HST), home based device with 7 channels used to monitor your sleep and breathing during sleep | Out of Scope | CareCore National | No PA required Effective 01/01/22. |

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Cigna Commercial
Prior Authorization Procedure Code List: Durable Medical Equipment

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------|--|-----------|---|--|--------------------------------|--|
| Durable Medical Equipment | GLUCOSE | A4239 | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service - For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 | Out Of Scope | CareCore National | For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 |
| Durable Medical Equipment | GLUCOSE | A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | Yes | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A4287 | Disposable collection and storage bag for breast milk, any size, any type, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | A4335 | Incontinence supply; miscellaneous | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A4341 | Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A4342 | Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | A4421 | Ostomy supply; miscellaneous | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A4457 | Enema tube, with or without adapter, any type, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | A4468 | Exsufflation belt, includes all supplies and accessories | Out Of Scope | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | A4540 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm | Out Of Scope | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | A4541 | Monthly supplies for use of device coded at e0733 | Out Of Scope | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | A4542 | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist | Out Of Scope | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------|--|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | A4560 | Neuromuscular electrical stimulator (nmes), disposable, replacement only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Transcutaneous electrical nerve stimulators | A4596 | Cranial Electrotherapy Stimulation Accessories, supplies for a device that sends electrical pulses to areas of the head to treat a variety of clinical conditions | Out Of Scope | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | A4604 | Tubing with integrated heating element for use with positive airway pressure device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A4649 | Surgical supply; miscellaneous | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DIABETIC SHOES | A5500 | For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DIABETIC SHOES | A5501 | For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | A5507 | Surgical supply; miscellaneous | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DIABETIC SHOES | A5512 | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DIABETIC SHOES | A5513 | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DIABETIC SHOES | A5514 | For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6025 | Gel Sheet for Dermal or Epidermal Application, a soft and flexible wound cover | Yes | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6261 | Wound filler, gel/paste, per fluid ounce, not otherwise specified | Out Of Scope | CareCore National | |

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|---------------------------|-------------------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6262 | Wound filler, dry form, per gram, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6512 | Compression burn garment, not otherwise classified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6515 | Gradient compression wrap with adjustable straps, full leg, each, custom | No | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6516 | Gradient compression wrap with adjustable straps, foot, each, custom | No | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6517 | Gradient compression wrap with adjustable straps, below knee, each, custom | No | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6518 | Gradient compression wrap with adjustable straps, arm, each, custom | No | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6519 | Gradient compression garment, not otherwise specified, for nighttime use, each | No | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6520 | Gradient compression garment, glove, padded, for nighttime use, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6521 | Gradient compression garment, glove, padded, for nighttime use, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6522 | Gradient compression garment, arm, padded, for nighttime use, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6524 | Gradient compression garment, lower leg and foot, padded, for nighttime use, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6526 | Gradient compression garment, full leg and foot, padded, for nighttime use, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6528 | Gradient compression garment, bra, for nighttime use, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6529 | Gradient compression garment, bra, for nighttime use, custom, each | Out Of Scope | CareCore National | |

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|---------------------------|-------------------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6549 | Gradient compression garment, not otherwise specified, for daytime use, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6550 | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6552 | Gradient compression stocking, below knee, 30-40 mmhg, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6553 | Gradient compression stocking, below knee, 30-40 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6554 | Gradient compression stocking, below knee, 40 mmhg or greater, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6555 | Gradient compression stocking, below knee, 40 mmhg or greater, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6556 | Gradient compression stocking, thigh length, 18-30 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6557 | Gradient compression stocking, thigh length, 30-40 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6558 | Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6559 | Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6560 | Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6561 | Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6562 | Gradient compression stocking, waist length, 18-30 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6563 | Gradient compression stocking, waist length, 30-40 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6564 | Gradient compression stocking, waist length, 40 mmhg or greater, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6565 | Gradient compression gauntlet, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6566 | Gradient compression garment, neck/head, each | Out Of Scope | CareCore National | |

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|---------------------------|-------------------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6567 | Gradient compression garment, neck/head, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6568 | Gradient compression garment, torso and shoulder, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6569 | Gradient compression garment, torso/shoulder, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6570 | Gradient compression garment, genital region, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6571 | Gradient compression garment, genital region, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6572 | Gradient compression garment, toe caps, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6573 | Gradient compression garment, toe caps, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6574 | Gradient compression arm sleeve and glove combination, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6575 | Gradient compression arm sleeve and glove combination, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6576 | Gradient compression arm sleeve, custom, medium weight, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6577 | Gradient compression arm sleeve, custom, heavy weight, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6578 | Gradient compression arm sleeve, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6579 | Gradient compression glove, custom, medium weight, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6580 | Gradient compression glove, custom, heavy weight, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6581 | Gradient compression glove, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6582 | Gradient compression gauntlet, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6583 | Gradient compression wrap with adjustable straps, below knee, each | Out Of Scope | CareCore National | |

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|---------------------------|-------------------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6584 | Gradient compression wrap with adjustable straps, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6585 | Gradient compression wrap with adjustable straps, above knee, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6586 | Gradient compression wrap with adjustable straps, full leg, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6587 | Gradient compression wrap with adjustable straps, foot, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6588 | Gradient compression wrap with adjustable straps, arm, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6589 | Gradient pressure wrap with adjustable straps, bra, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6590 | External urinary catheters; disposable, with wicking material, for use with suction pump, per month | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6591 | External urinary catheter; non-disposable, for use with suction pump, per month | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6593 | Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6594 | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6595 | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6596 | Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6597 | Gradient compression bandage roll, elastic long stretch, linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6598 | Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6599 | Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6600 | Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6601 | Gradient compression bandaging supply, high density foam pad, any size or shape, each | Out Of Scope | CareCore National | |

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|---------------------------|-------------------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6602 | Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6603 | Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6604 | Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6605 | Gradient compression bandaging supply, padded foam, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6606 | Gradient compression bandaging supply, padded textile, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6607 | Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6608 | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6609 | Gradient compression bandaging supply, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6610 | Gradient compression stocking, below knee, 18-30 mmhg, custom, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | A6611 | Gradient compression wrap with adjustable straps, above knee, each, custom | No | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | A7030 | Full face mask used with positive airway pressure device, each | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7031 | Face mask interface, replacement for full face mask, each | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7032 | Cushion for use on nasal mask interface, replacement only, each | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7033 | Pillow for use on nasal cannula type interface, replacement only, pair | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7035 | Headgear used with positive airway pressure device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7036 | Chinstrap used with positive airway pressure device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7037 | Tubing used with positive airway pressure device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7038 | Filter, disposable, used with positive airway pressure device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7039 | Filter, non disposable, used with positive airway pressure device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each | Out Of Scope | CareCore National | Part of sleep DME |

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|---------------------------|-------------------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | GLUCOSE | A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply | Out Of Scope | CareCore National | |
| Durable Medical Equipment | GLUCOSE | A9277 | Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | GLUCOSE | A9278 | Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | A9279 | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | A9900 | Miscellaneous dme supply, accessory, and/or service component of another hcpcs code | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | A9901 | Dme delivery, set up, and/or dispensing service component of another hcpcs code | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | A9999 | Miscellaneous dme supply or accessory, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DECUBITUS CARE EQUIPMENT | E0181 | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DECUBITUS CARE EQUIPMENT | E0183 | Powered Pressure Reducing Underlay, a pump that fills and releases a bed overlay (pad) with air to prevent and treat pressure ulcers | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DECUBITUS CARE EQUIPMENT | E0184 | Dry pressure mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DECUBITUS CARE EQUIPMENT | E0185 | Gel or gel-like pressure pad for mattress, standard mattress length and width | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DECUBITUS CARE EQUIPMENT | E0193 | Powered air flotation bed (low air loss therapy) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DECUBITUS CARE EQUIPMENT | E0194 | Air fluidized bed | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0250 | Hospital bed, fixed height, with any type side rails, with mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0255 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0260 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0261 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0265 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0271 | Mattress, innerspring | Out Of Scope | CareCore National | |

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|---------------------------|--|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0277 | Powered pressure-reducing air mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0295 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0301 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0303 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0304 | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0316 | Safety enclosure frame/canopy for use with hospital bed, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0371 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0372 | Powered air overlay for mattress, standard mattress length and width | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0424 | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0431 | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0439 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0443 | Portable oxygen contents, gaseous, 1 month's supply = 1 unit | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0446 | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories | Out Of Scope | CareCore National | |
| Durable Medical Equipment | VENTILATORS | E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | VENTILATORS | E0466 | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) | Yes | CareCore National | |

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| Durable Medical Equipment | VENTILATORS | E0467 | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions | Yes | CareCore National | |
| Durable Medical Equipment | VENTILATORS | E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions | Yes | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | E0470 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | CPAP/BIPAP | E0471 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | VENTILATORS | E0472 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | VENTILATORS | E0481 | Intrapulmonary Percussive Ventilation System , a device that helps deliver short bursts of air through a mouthpiece to help individuals with lung disease clear sputum | Yes | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0482 | Cough stimulating device, alternating positive and negative airway pressure | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0483 | High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each | Yes | CareCore National | |
| Durable Medical Equipment | DME | E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Durable Medical Equipment / Sleep | E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application | Yes | CareCore National | |
| Durable Medical Equipment | Durable Medical Equipment / Sleep | E0493 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply | Yes | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------|---|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | HUMIDIFIERS/COMPRESSORS/NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT | E0560 | Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery | Out Of Scope | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | E0562 | Humidifier, heated, used with positive airway pressure device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | HUMIDIFIERS/COMPRESSORS/NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT | E0575 | Nebulizer, ultrasonic, large volume | Out Of Scope | CareCore National | |
| Durable Medical Equipment | CPAP/BIPAP | E0601 | Continuous positive airway pressure (cpap) device | Out Of Scope | CareCore National | Part of sleep DME |
| Durable Medical Equipment | PATIENT LIFTS | E0625 | Patient lift, bathroom or toilet, not otherwise classified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0627 | Seat lift mechanism, electric, any type | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0629 | Seat lift mechanism, non-electric, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0630 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0635 | Patient lift, electric with seat or sling | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0637 | Combination Sit to Stand Frame/Table System, a supportive device that assist a person from a sitting position to a standing position | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0638 | Standing Frame/Table System, one position (e.g., upright, supine or prone stander), a device that supports a person in a standing position | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0640 | Patient lift, fixed system, includes all components/accessories | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0641 | Standing Frame/Table System, a device that supports a person in multiple standing positions | Yes | CareCore National | |
| Durable Medical Equipment | PATIENT LIFTS | E0642 | Standing Frame/Table System, a moveable device that supports a person in a standing position | Yes | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0650 | Pneumatic compressor, non-segmental home model | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | Out Of Scope | CareCore National | |

| Product | Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------|-------------------------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0655 | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0656 | Segmental pneumatic appliance for use with pneumatic compressor, trunk | Yes | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0657 | Segmental pneumatic appliance for use with pneumatic compressor, chest | Yes | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0666 | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0667 | Segmental pneumatic appliance for use with pneumatic compressor, full leg | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0669 | Segmental pneumatic appliance for use with pneumatic compressor, half leg | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | Yes | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0672 | Segmental gradient pressure pneumatic appliance, full arm | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0673 | Segmental gradient pressure pneumatic appliance, half leg | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | Out Of Scope | CareCore National | |

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|---------------------------|---|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | PNEUMATIC COMPRESSOR AND APPLIANCES | E0677 | Non-pneumatic sequential compression garment, trunk | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0678 | Non-pneumatic sequential compression garment, full leg | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0679 | Non-pneumatic sequential compression garment, half leg | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0680 | Non-pneumatic compression controller with sequential calibrated gradient pressure | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0681 | Non-pneumatic compression controller without calibrated gradient pressure | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0682 | Non-pneumatic sequential compression garment, full arm | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NON-PNEUMATIC COMPRESSOR AND APPLIANCES | E0683 | Non-pneumatic, non-sequential, peristaltic wave compression pump | Yes | CareCore National | |
| Durable Medical Equipment | ULTRAVIOLET DEVICES | E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less | Yes | CareCore National | |
| Durable Medical Equipment | ULTRAVIOLET DEVICES | E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel | Yes | CareCore National | |
| Durable Medical Equipment | ULTRAVIOLET DEVICES | E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel | Yes | CareCore National | |
| Durable Medical Equipment | ULTRAVIOLET DEVICES | E0694 | Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection | Out Of Scope | CareCore National | |
| Durable Medical Equipment | SAFETY EQUIPMENT | E0711 | Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Transcutaneous electrical nerve stimulators | E0720 | Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation | Out Of Scope | CareCore National | |

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|---------------------------|---|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | E0721 | Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region | Yes | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS AND/OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATORS - TENS | E0730 | Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Transcutaneous electrical nerve stimulators | E0731 | Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NEUROMUSCULAR ELECTRICAL STIMULATORS | E0732 | Cranial electrotherapy stimulation (ces) system, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | E0733 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve | Out Of Scope | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | E0734 | External upper limb tremor stimulator of the peripheral nerves of the wrist | Out Of Scope | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | E0735 | Non-invasive vagus nerve stimulator | Out Of Scope | CareCore National | |
| Durable Medical Equipment | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS - TENS | E0736 | Transcutaneous tibial nerve stimulator | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | E0739 | Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors | Yes | CareCore National | |
| Durable Medical Equipment | Neuromuscular electrical stimulators | E0745 | Neuromuscular stimulator, electronic shock unit | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Osteogenesis stimulators | E0747 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications | Yes | CareCore National | |
| Durable Medical Equipment | Osteogenesis stimulators | E0748 | Osteogenesis stimulator, electrical, non-invasive, spinal applications | Yes | CareCore National | |

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|---------------------------|--------------------------------------|-----------|--|--|--------------------------------|--|
| Durable Medical Equipment | Osteogenesis stimulators | E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes | CareCore National | |
| Durable Medical Equipment | Neuromuscular electrical stimulators | E0764 | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | Yes | CareCore National | |
| Durable Medical Equipment | Neuromuscular electrical stimulators | E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NEUROMUSCULAR ELECTRICAL STIMULATORS | E0767 | Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories | Yes | CareCore National | |
| Durable Medical Equipment | NEUROMUSCULAR ELECTRICAL STIMULATORS | E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Neuromuscular electrical stimulators | E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified | Yes | CareCore National | |
| Durable Medical Equipment | INFUSION EQUIPMENT AND SUPPLIES | E0776 | lv pole | Out Of Scope | CareCore National | |
| Durable Medical Equipment | INFUSION EQUIPMENT AND SUPPLIES | E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient | Out Of Scope | CareCore National | |
| Durable Medical Equipment | | E0782 | Infusion Pump, a device placed under the skin and used to deliver medications and fluids within the body | Yes | CareCore National | |
| Durable Medical Equipment | | E0783 | Infusion Pump System, a device placed under the skin and used to deliver medications and fluids within the body | Yes | CareCore National | |
| Durable Medical Equipment | GLUCOSE | E0784 | External ambulatory infusion pump, insulin. For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 | Yes | CareCore National | For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 |
| Durable Medical Equipment | | E0785 | Implantable Intraspinal Catheter, a thin tube that has been surgically placed into the spinal cord to deliver medication | Yes | CareCore National | |
| Durable Medical Equipment | | E0786 | Implantable Programmable Infusion Pump Replacement, replacing a thin tube with a new one that has been surgically placed in the body to deliver medication | Yes | CareCore National | |
| Durable Medical Equipment | HOSPITAL BEDS AND ACCESSORIES | E0935 | Continuous passive motion exercise device for use on knee only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E0956 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E0961 | Manual wheelchair accessory, wheel lock brake extension (handle), each | Out Of Scope | CareCore National | |

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|---------------------------|-------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | WHEELCHAIRS | E0973 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E0986 | Manual wheelchair accessory, push-rim activated power assist system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1002 | Wheelchair accessory, power seating system, tilt only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1009 | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1022 | Wheelchair transportation securement system, any type includes all components and accessories | No | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1023 | Wheelchair transit securement system, includes all components and accessories | No | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1032 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface | No | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1033 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type | No | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1034 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type | No | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1035 | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1161 | Manual adult size wheelchair, includes tilt in space | Out Of Scope | CareCore National | |

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|---------------------------|--|-----------|---|--|--------------------------------|--|
| Durable Medical Equipment | WHEELCHAIRS | E1220 | Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1226 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1229 | Wheelchair, pediatric size, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1230 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E1239 | Power wheelchair, pediatric size, not otherwise specified | Yes | CareCore National | |
| Durable Medical Equipment | WHIRLPOOL - EQUIPMENT | E1301 | Whirlpool tub, walk-in, portable | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E1390 | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | E1392 | Portable oxygen concentrator, rental | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS DME SUPPLY | E1399 | Durable medical equipment, miscellaneous | Yes | CareCore National | |
| Durable Medical Equipment | ARTIFICIAL KIDNEY MACHINES AND ACCESSORIES | E1699 | Dialysis equipment, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DYNAMIC SPLINT | E1805 | Dynamic adjustable wrist extension / flexion device, includes soft interface material | Out Of Scope | CareCore National | |
| Durable Medical Equipment | DYNAMIC SPLINT | E1832 | Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | No | CareCore National | |
| Durable Medical Equipment | MISCELLANEOUS PUMPS AND MONITORS | E2001 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | GLUCOSE | E2100 | Blood glucose monitor with integrated voice synthesizer. For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 | Out Of Scope | CareCore National | For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 |
| Durable Medical Equipment | GLUCOSE | E2101 | Blood glucose monitor with integrated lancing/blood sample. For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 | Out Of Scope | CareCore National | For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 |
| Durable Medical Equipment | GLUCOSE | E2103 | Non-adjunctive, non-implanted continuous glucose monitor or receiver - For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 | Out Of Scope | CareCore National | For this HCPCS code please reach out to Cigna at 888-454-0013 option 5 or (fax) 877-730-3858 |

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|---------------------------|-------------------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | GLUCOSE | E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2201 | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2202 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2203 | Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2209 | Accessory, arm trough, with or without hand support, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2228 | Manual wheelchair accessory, wheel braking system and lock, complete, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2231 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | MEDICAL AND SURGICAL SUPPLIES | E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2300 | Wheelchair accessory, power seat elevation system, any type | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2301 | Wheelchair accessory, power standing system, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2313 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2321 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2359 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2361 | Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) | Out Of Scope | CareCore National | |

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|---------------------------|---------------------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | WHEELCHAIRS | E2363 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2365 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2366 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2370 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2374 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2375 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2377 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2386 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2392 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2394 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2395 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NEGATIVE PRESSURE WOUND THERAPY | E2402 | Negative pressure wound therapy electrical pump, stationary or portable | Out Of Scope | CareCore National | |
| Durable Medical Equipment | OTHER ORTHOPEDIC DEVICES | E2506 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time | Yes | CareCore National | |
| Durable Medical Equipment | OTHER ORTHOPEDIC DEVICES | E2508 | Speech Generating Device, a device that allows a person to select letters, words, and messages, alone or in combination, to be spoken aloud | Yes | CareCore National | |
| Durable Medical Equipment | OTHER ORTHOPEDIC DEVICES | E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | Yes | CareCore National | |
| Durable Medical Equipment | OTHER ORTHOPEDIC DEVICES | E2512 | Accessory for speech generating device, mounting system | Yes | CareCore National | |

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|---------------------------|--------------------------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | OTHER ORTHOPEDIC DEVICES | E2599 | Accessory for speech generating device, not otherwise classified | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2605 | Positioning wheelchair seat cushion, width less than 22 inches, any depth | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2607 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2608 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2611 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2612 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2613 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2615 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2620 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2622 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | E2624 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth | Out Of Scope | CareCore National | |
| Durable Medical Equipment | COMMUNICATION | E3000 | Speech volume modulation system, any type, including all components and accessories | Out Of Scope | CareCore National | |
| Durable Medical Equipment | NEUROMUSCULAR ELECTRICAL STIMULATORS | E3200 | Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0001 | Standard wheelchair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0002 | Standard hemi (low seat) wheelchair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0003 | Lightweight wheelchair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0004 | High strength, lightweight wheelchair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0005 | Ultralightweight wheelchair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0006 | Heavy duty wheelchair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0007 | Extra heavy duty wheelchair | Out Of Scope | CareCore National | |

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| Durable Medical Equipment | WHEELCHAIRS | K0009 | Other manual wheelchair/base | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0011 | Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0012 | Lightweight portable motorized/power wheelchair | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0014 | Other motorized/power wheelchair base | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0050 | RATCHET ASSEMBLY REPLACEMENT | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0052 | Swingaway, detachable footrests, replacement only, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0108 | Wheelchair component or accessory, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0195 | Elevating leg rests, pair (for use with capped rental wheelchair base) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | INFUSION EQUIPMENT AND SUPPLIES | K0455 | Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | 0 | K0553 | Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service *Requires precertification through Cigna, effective 7.1.2021 | Yes | CareCore National | Requires precertification through Cigna, effective 7.1.2021 |
| Durable Medical Equipment | AED | K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | Yes | CareCore National | |
| Durable Medical Equipment | OXYGEN AND RELATED RESPIRATORY EQUIPMENT | K0738 | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0801 | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0802 | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0807 | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0808 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0812 | Power operated vehicle, not otherwise classified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | |

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| Durable Medical Equipment | WHEELCHAIRS | K0814 | Power Wheelchair (Group One), a standard, captains chair, electric wheelchair that can be carried, it has a seat with armrests, and can carry up to 300 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0816 | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0821 | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0823 | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0824 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Out Of Scope | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0825 | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds | Out Of Scope | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0826 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0827 | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0828 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0829 | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0835 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Out Of Scope | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0836 | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0837 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Out Of Scope | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0838 | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0839 | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Out Of Scope | CareCore National | If requested with >4 components, purchase only. |

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| Durable Medical Equipment | WHEELCHAIRS | K0840 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0842 | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds | Yes | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0843 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Out Of Scope | CareCore National | If requested with >4 components, purchase only. |
| Durable Medical Equipment | WHEELCHAIRS | K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0849 | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds | Out Of Scope | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0850 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0851 | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0852 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0853 | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0854 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0855 | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0857 | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0858 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds | Out Of Scope | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0859 | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0860 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | Purchase only |

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| Durable Medical Equipment | WHEELCHAIRS | K0862 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0863 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0864 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes | CareCore National | Purchase only |
| Durable Medical Equipment | WHEELCHAIRS | K0870 | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0871 | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0879 | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0880 | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0884 | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0886 | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0890 | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0891 | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | Out Of Scope | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0898 | Power wheelchair, not otherwise classified | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0899 | Power Mobility Device, electric equipment that assists a person with movement | Yes | CareCore National | |
| Durable Medical Equipment | WHEELCHAIRS | K0900 | Customized durable medical equipment, other than wheelchair | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Durable Medical Equipment | K1001 | Electronic Positional Obstructive Sleep Apnea Treatment, device including all necessary equipment and attachments that is used for the treatment of a sleep disorder in which breathing repeatedly stops and starts | Yes | CareCore National | |

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| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0456 | Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitory pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0457 | Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitory pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0464 | Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0472 | Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0627 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitory pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |

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|---------------------------|-----------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0631 | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitory pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0637 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitory pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0639 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitory pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0640 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitory pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0642 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitory pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |

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| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0648 | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitory pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0650 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitory pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0651 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitory pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0720 | Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L0999 | Addition to spinal orthosis, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1499 | Spinal orthosis, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1812 | Knee orthosis, elastic with joints, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1820 | Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1830 | Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1831 | Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1832 | Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |

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| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1833 | Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1840 | Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1843 | Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1844 | Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1845 | Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1846 | Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1851 | Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1852 | Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1902 | Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1907 | Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1930 | Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1932 | Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |

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|---------------------------|-----------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1933 | Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1940 | Ankle foot orthosis, plastic or other material, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1945 | Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1950 | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1951 | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1952 | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1960 | Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1970 | Ankle foot orthosis, plastic with ankle joint, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1971 | Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L1990 | Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2005 | Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | #N/A | L2006 | Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2020 | Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2036 | Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2250 | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2280 | Addition to lower extremity, molded inner boot | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2330 | Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2340 | Addition to lower extremity, pre-tibial shell, molded to patient model | Out Of Scope | CareCore National | |

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|---------------------------|-----------------------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2755 | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L2999 | Lower extremity orthoses, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOPEDIC FOOTWEAR | L3000 | Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOPEDIC FOOTWEAR | L3010 | Foot, insert, removable, molded to patient model, longitudinal arch support, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOPEDIC FOOTWEAR | L3020 | Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOPEDIC FOOTWEAR | L3031 | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3161 | Foot, adductus positioning device, adjustable | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3649 | Orthopedic shoe, modification, addition or transfer, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3760 | Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Durable Medical Equipment / Sleep | L3761 | Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3809 | Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3916 | Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3924 | Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3960 | Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3980 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L3999 | Upper limb orthosis, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L4360 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L4361 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |

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|---------------------------|-----------------------|-----------|---|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L4387 | Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L4396 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L4397 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L4631 | Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5050 | Ankle, symes, molded socket, sach foot | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5210 | Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5220 | Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5301 | Below knee, molded socket, shin, sach foot, endoskeletal system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5321 | Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5331 | Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5450 | Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5530 | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5540 | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5590 | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5611 | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5615 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | Out Of Scope | CareCore National | |

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|---------------------------|-----------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5620 | Addition to lower extremity, test socket, below knee | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5624 | Addition to lower extremity, test socket, above knee | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5629 | Addition to lower extremity, below knee, acrylic socket | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5631 | Addition to lower extremity, above knee or knee disarticulation, acrylic socket | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5637 | Addition to lower extremity, below knee, total contact | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5645 | Addition to lower extremity, below knee, flexible inner socket, external frame | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5647 | Addition to lower extremity, below knee suction socket | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5649 | Addition to lower extremity, ischial containment/narrow m-l socket | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5650 | Additions to lower extremity, total contact, above knee or knee disarticulation socket | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5651 | Addition to lower extremity, above knee, flexible inner socket, external frame | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5652 | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5655 | Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5668 | Addition to lower extremity, below knee, molded distal cushion | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5671 | Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5673 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5679 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5681 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5683 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | Out Of Scope | CareCore National | |

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|---------------------------|-----------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5700 | Replacement, socket, below knee, molded to patient model | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5701 | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5704 | Custom shaped protective cover, below knee | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5705 | Custom shaped protective cover, above knee | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5827 | Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5840 | Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5845 | Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5850 | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5858 | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5910 | Addition, endoskeletal system, below knee, alignable system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5920 | Addition, endoskeletal system, above knee or hip disarticulation, alignable system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5925 | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock | Out Of Scope | CareCore National | |

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|---------------------------|-----------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5930 | Addition, endoskeletal system, high activity knee control frame | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5940 | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5950 | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5964 | Addition, endoskeletal system, above knee, flexible protective outer surface covering system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5972 | All lower extremity prostheses, foot, flexible keel | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5980 | All lower extremity prostheses, flex foot system | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5981 | All lower extremity prostheses, flex-walk system or equal | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5984 | All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5986 | All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal) | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5987 | All lower extremity prosthesis, shank foot system with vertical loading pylon | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5990 | Addition to lower extremity prosthesis, user adjustable heel height | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L5999 | Lower extremity prosthesis, not otherwise specified | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6028 | Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692 | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6029 | Upper extremity addition, test socket/interface, partial hand including fingers | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6030 | Upper extremity addition, external frame, partial hand including fingers | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6031 | Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6032 | Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal) | No | CareCore National | |

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|---------------------------|-----------------------|-----------|--|--|--------------------------------|-------------------|
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6033 | Addition to upper extremity prosthesis, partial hand including fingers, acrylic material | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6037 | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6611 | Addition to upper extremity prosthesis, external powered, additional switch, any type | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6624 | Upper extremity addition, flexion/extension and rotation wrist unit | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6700 | Upper extremity addition, external powered feature, myoelectric control module, additional emg inputs, pattern-recognition decoding intent movement | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7007 | Electric hand, switch or myoelectric controlled, adult | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7008 | Electric hand, switch or myoelectric, controlled, pediatric | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7009 | Electric hook, switch or myoelectric controlled, adult | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7259 | Electronic wrist rotator, any type | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7406 | Addition to upper extremity, user adjustable, mechanical, residual limb volume management system | No | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L7499 | Upper extremity prosthesis, not otherwise specified | Yes | CareCore National | |

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| Durable Medical Equipment | Durable Medical Equipment / Sleep | L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Durable Medical Equipment / Sleep | L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8039 | Breast prosthesis, not otherwise specified | Out Of Scope | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8040 | Nasal prosthesis, provided by a non-physician | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8041 | Midfacial prosthesis, provided by a non-physician | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8042 | Orbital prosthesis, provided by a non-physician | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8045 | Auricular prosthesis, provided by a non-physician | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8048 | Unspecified maxillofacial prosthesis, by report, provided by a non-physician | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8499 | Unlisted procedure for miscellaneous prosthetic services | Yes | CareCore National | |
| Durable Medical Equipment | ORTHOSES & PROSTHESES | L8500 | Artificial larynx, any type | Out Of Scope | CareCore National | |
| Durable Medical Equipment | Durable Medical Equipment / Sleep | L8701 | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | Yes | CareCore National | |
| Durable Medical Equipment | Durable Medical Equipment / Sleep | L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | Yes | CareCore National | |

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Cigna Commercial
Prior Authorization Procedure Code List: Durable Medical Equipment and O&P

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform |
|--------------------------------------|-----------|---|--|--------------------------------|
| Durable Medical Equipment - O&P Only | A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, items needed for a rectal control system for vaginal insertion | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L1840 | Ko Derot Ant Cruciate Custom | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L1844 | Ko W/Adj Jt Rot Cntrl Molded | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L1846 | Ko W Adj Flex/Ext Rotat Mold | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L2005 | Kafo Sng/Dbl Mechanical Act | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L2006 | Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5781 | Lower Limb Pros Vacuum Pump | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5782 | Heavy Duty Low Limb Pros Vacuum Pump | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5828 | Endo Knee-Shin Fluid Swg/Sta | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5845 | Knee-Shin Sys Stance Flexion | Yes | CareCore National |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform |
|--------------------------------------|-----------|---|--|--------------------------------|
| Durable Medical Equipment - O&P Only | L5848 | Knee-Shin Sys Hydraul Stance | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5856 | Elec Knee-Shin Swing/Stance | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5857 | Elec Knee-Shin Swing Only | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5858 | Stance Phase Only | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5930 | High Activity Knee Frame | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5969 | Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Includes Any Type Motor(S) | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5973 | Ankle-Foot Sys Dors-Plant Flex | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5981 | Flex-Walk Sys Low Ext Prosth | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L5999 | Lower Extremity Prosthesis, Not Otherwise Specified | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6026 | Transcarpal/Metacarpal Or Partial Hand Disart Prosthesis | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6611 | Additional Switch, Ext Power | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6638 | Elec Lock On Manual Pw Elbow | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6646 | Multipo Locking Shoulder Jnt | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6647 | Shoulder Lock Actuator | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6648 | Ext Pwrd Shlder Lock/Unlock | Yes | CareCore National |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform |
|--------------------------------------|-----------|---|--|--------------------------------|
| Durable Medical Equipment - O&P Only | L6715 | Terminal Dev, Multiple Articulating Dig, Includes Motor/S | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6880 | Elect Hand, Switch Or Myoelectric Controlled | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6881 | Term Dev Auto Grasp Feature | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6882 | Microprocessor Control Uplmb | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6920 | Wrist Disarticul Switch Ctrl | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6925 | Wrist Disart Myoelectronic C | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6930 | Below Elbow Switch Control | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6935 | Below Elbow Myoelectronic Ct | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6940 | Elbow Disarticulation Switch | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6945 | Elbow Disart Myoelectronic C | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6950 | Above Elbow Switch Control | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6955 | Above Elbow Myoelectronic Ct | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6960 | Shoulder Disartic Switch Contro | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6965 | Shoulder Disartic Myoelectronic | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L6970 | Interscapular-Thor Switch Ct | Yes | CareCore National |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform |
|--------------------------------------|-----------|---|--|--------------------------------|
| Durable Medical Equipment - O&P Only | L6975 | Interscap-Thor Myoelectric | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7007 | Adult Electric Hand | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7008 | Pediatric Electric Hand | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7009 | Adult Electric Hook | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7040 | Prehensile Actuator | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7045 | Pediatric Electric Hook | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7170 | Electronic Elbow Hosmer Swit | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7180 | Electronic Elbow Sequential | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7181 | Electronic Elbo Simultaneous | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7185 | Electron Elbow Adolescent Sw | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7186 | Electron Elbow Child Switch | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7190 | Elbow Adolescent Myoelectron | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7191 | Elbow Child Myoelectric Ct | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7259 | Electronic Wrist Rotator, Any Type | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L7499 | Upper Extremity Prosthesis, Not Otherwise Specified | Yes | CareCore National |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform |
|--------------------------------------|-----------|--|--|--------------------------------|
| Durable Medical Equipment - O&P Only | L8033 | Nipple Prosthesis Custom, Ea | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8040 | Nasal Prosthesis | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8041 | Midfacial Prosthesis | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8042 | Orbital Prosthesis | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8043 | Upper Facial Prosthesis | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8044 | Hemi-Facial Prosthesis | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8045 | Auricular Prosthesis | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8046 | Partial Facial Prosthes | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8047 | Nasal Septal Prosthes | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8048 | Unspecified Maxillofacial Prosthesis, By Report, Provided By A Non-Physician | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8049 | Repair Or Modification Of Maxillofacial Prosthesis, Labor Component, 15 Minute Increments, Provided By A Non-Physician | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8499 | Unlisted Procedure For Miscellaneous Prosthetic Services | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8608 | Arg Ii Ext Com/Sup/Acc Misc | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8685 | Implt Nrostm Pls Gen Sng Rec | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8686 | Implt Nrostm Pls Gen Sng Non | Yes | CareCore National |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform |
|--------------------------------------|-----------|--|--|--------------------------------|
| Durable Medical Equipment - O&P Only | L8687 | Implt Nrostm Pls Gen Dua Rec | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8688 | Implt Nrostm Pls Gen Dua Non | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8698 | Misc Used With Tot Art Heart | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8701 | Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated As Maintained By Cms Falls Under Miscellaneous Orthotic And Prosthetic Services And Supplies | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | L8702 | Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger, Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated As Maintained By Cms Falls Under Miscellaneous Orthotic And Prosthetic Services And Supplies | Yes | CareCore National |
| Durable Medical Equipment - O&P Only | S1040 | Cranial Remolding Orthosis, Pediatric, Rigid, With Soft Interface Material, 'Custom Fabricated, Includes Fitting And Adjustment(S) | Yes | CareCore National |

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Cigna Commercial

Prior Authorization Procedure List: Home Health

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-------------|-----------|--|--|--------------------------------|-------------------|
| Home Health | 99501 | Post Partum Well Baby/Well Mom, home visit after a birth to check on the newborn baby and/or mother of baby | Yes | CareCore National | |
| Home Health | 99503 | Home Visit for Respiratory Therapy Care, a home visit by a clinician to check the status on the machine/equipment that assists an individual with breathing | Yes | CareCore National | |
| Home Health | G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes | Out Of Scope | CareCore National | |
| Home Health | G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes | Out Of Scope | CareCore National | |
| Home Health | G0157 | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes | Out Of Scope | CareCore National | |
| Home Health | G0158 | Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes | Out Of Scope | CareCore National | |
| Home Health | G0159 | Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes | Out Of Scope | CareCore National | |
| Home Health | G0160 | Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes | Out Of Scope | CareCore National | |
| Home Health | S9122 | Home Health Aide or Certified Nurse Assistant, an hour long (60-minutes) session at home with an aide (helper) or nurse assistant | Yes | CareCore National | |
| Home Health | S9123 | Nursing Care by a Registered Nurse (RN), an hour long (60-minutes) session at home with a Registered Nurse | Yes | CareCore National | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-------------|-----------|--|--|--------------------------------|-------------------|
| Home Health | S9124 | Nursing Care by a Licensed Practical Nurse (LPN), an hour long (60-minutes) session at home with a Licensed Practical Nurse | Yes | CareCore National | |
| Home Health | S9127 | Social Work Visit, a social worker visit to an individual's home | Yes | CareCore National | |
| Home Health | S9364 | Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365-s9368 using daily volume scales) | Yes | CareCore National | |
| Home Health | S9365 | Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | Yes | CareCore National | |
| Home Health | S9366 | Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | Yes | CareCore National | |
| Home Health | S9367 | Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | Yes | CareCore National | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|-------------|-----------|--|--|--------------------------------|-------------------|
| Home Health | S9368 | Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | Yes | CareCore National | |
| Home Health | T1021 | Home Health Aide (HHA) Visit unassociated with skilled nursing services - FL DSNP Only | Out Of Scope | CareCore National | |
| Home Health | T1030 | Nursing Care by a Registered Nurse (RN) , a visit from a Registered Nurse to an individual's home - FL DSNP Only | Out Of Scope | CareCore National | |
| Home Health | T1031 | Nursing Care by a Licensed Practical Nurse (LPN), a visit from a Licensed Practical Nurse to an individual's home - FL DSNP Only | In Scope for FL DSNP Only | CareCore National | |

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Cigna Commercial
Prior Authorization Procedure List: Home Infusion Therapy

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|------------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | B4187 | Omegaven, 10 Grams Lipids | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0129 | Abatacept Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0180 | Agalsidase Beta Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0202 | Injection, Alemtuzumab, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0221 | Lumizyme Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0222 | Inj., Patisiran, 0.1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0256 | Alpha 1 Proteinase Inhibitor | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0257 | Glassia Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0490 | Belimumab Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0517 | Inj., Benralizumab, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0584 | Injection, Burosumab-Twza 1M | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|---------------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | J0585 | Injection, OnabotulinumtoxinA | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0593 | Inj., Lanadelumab-Flyo, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0596 | Injection, Ruconest | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0597 | C-1 Esterase, Berinert | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0599 | Inj., Haegarda 10 Units | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J0897 | Denosumab Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1290 | Ecallantide Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1300 | Eculizumab Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1301 | Injection, Edaravone, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1303 | Inj., Ravulizumab-Cwvz 10 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1322 | Injection, Elosulfase Alfa, 1Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1428 | Inj, Eteplirsen, 10 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1438 | Etanercept Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1458 | Galsulfase Injection | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|------------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | J1459 | Inj Ivig Privigen 500 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1555 | Inj Cuvitru, 100 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1556 | Inj, Imm Glob Bivigam, 500Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1557 | Gammoplex Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1558 | Inj. Xembify, 100 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1559 | Hizentra Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1561 | Gamunex-C/Gammaked | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1566 | Immune Globulin, Powder | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1568 | Octagam Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1569 | Gammagard Liquid Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1572 | Flebogamma Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1575 | Hyqvia 100Mg Immunoglobulin | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1595 | Injection Glatiramer Acetate | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1599 | Ivig Non-Lyophilized, Nos | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|------------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | J1602 | Golimumab For Iv Use 1Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1628 | Inj., Guselkumab, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1726 | Makena, 10 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1743 | Idursulfase Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1745 | Infliximab Not Biosimil 10Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1746 | Inj., Ibalizumab-Uiyk, 10 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1786 | Imuglucerase Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1826 | Interferon Beta-1A Inj | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J1931 | Laronidase Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J2323 | Natalizumab Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J2350 | Injection, Ocrelizumab, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J2357 | Omalizumab Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J2505 | Injection, Pegfilgrastim 6Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J2507 | Injection, Pegloticase, 1 Mg | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|------------------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | J2786 | Injection, Reslizumab, 1Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J2840 | Inj Sebelipase Alfa 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3032 | Inj. Eptinezumab-Jjmr 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3111 | Inj. Romosozumab-Aqqg 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3241 | Inj. Teprotumumab-Trbw 10 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3245 | Inj., Tildrakizumab, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3262 | Tocilizumab Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3357 | Ustekinumab Sub Cu Inj, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3358 | Ustekinumab, Iv Inject, 1 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3380 | Injection, Vedolizumab | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3385 | Velaglucerase Alfa | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3490 | Drugs Unclassified Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J3590 | Unclassified Biologics | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7170 | Injection, Emicizumab-Kxwh, 0.5 Mg | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|------------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | J7175 | Inj, Factor X, (Human), 1lu | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7178 | Inj Human Fibrinogen Con Nos | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7179 | Vonvendi Inj 1 lu Vwf:Rco | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7180 | Factor Xiii Anti-Hem Factor | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7182 | Factor Viii Recomb Novoeight | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7183 | Wilate Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7185 | Xyntha Inj | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7186 | Antihemophilic Viii/Vwf Comp | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7187 | Humate-P, Inj | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7188 | Factor Viii Recomb Obizur | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7189 | Factor Viiia | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7190 | Factor Viii | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7192 | Factor Viii Recombinant Nos | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7193 | Factor Ix Non-Recombinant | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|------------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | J7194 | Factor Ix Complex | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7195 | Factor Ix Recombinant Nos | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7197 | Antithrombin Iii Injection | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7198 | Anti-Inhibitor | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7199 | Hemophilia Clot Factor Noc | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7200 | Factor Ix Recombinan Rixubis | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7201 | Factor Ix Alprolix Recomb | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7202 | Factor Ix Idelvion Inj | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7203 | Factor Ix Recomb Gly Rebinyn | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7205 | Factor VIII Fc Fusion Recomb | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7207 | Factor VIII Pegylated Recomb | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7208 | Inj. Jivi 1 Iu | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7209 | Factor VIII Nuwiq Recomb 1Iu | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7210 | Inj, Afstyla, 1 I.U. | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|-------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | J7211 | Inj, Kovaltry, 1 I.U. | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J7999 | Compounded Drug, Noc | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J9039 | Injection, Blinatumomab | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J9042 | Brentuximab Vedotin Inj | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | J9312 | Inj., Rituximab, 10 Mg | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | Q5103 | Injection, Inflectra | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | Q5104 | Injection, Renflexis | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9325 | HIT Pain Mgmt Per Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9326 | HIT Cont Pain Per Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9327 | HIT Int Pain Per Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9328 | HIT Pain Imp Pump Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9336 | HIT Cont Anticoag Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9340 | HIT Enteral Per Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9341 | HIT Enteral Grav Diem | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|----------------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | S9342 | HIT Enteral Pump Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9343 | HIT Enteral Bolus Nurs | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9346 | HIT Alpha-1-Proteinas Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9347 | HIT Longterm Infusion Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9348 | HIT Sympathomim Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9349 | HIT Tocolysis Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9351 | HIT Cont Antiemetic Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9353 | HIT Cont Insulin Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9355 | HIT Chelation Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9357 | HIT Enzyme Replace Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9359 | HIT Anti-Tnf Per Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9361 | HIT Diuretic Infus Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9363 | HIT Anti-Spasmotic Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9370 | HIT Inj Antiemetic Diem | Yes | Authorization required through Cigna | |

| Category | CPT® Code | CPT® Code Description | Commercial Prior Authorization Required | Commercial Case Build Platform | External Notation |
|-----------------------|-----------|-----------------------|---|--------------------------------------|-------------------|
| Home Infusion Therapy | S9372 | HIT Inj Anticoag Diem | Yes | Authorization required through Cigna | |
| Home Infusion Therapy | S9379 | HIT NOC Per Diem | Yes | Authorization required through Cigna | |

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