

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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Yes	Yes	
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
Radiology	CT	73202	C T Upper Extremity Without & With Contrast	Yes	MedSolutions	
Radiology	CT	73206	CT Angiography Upper Extremity	Yes	MedSolutions	
Radiology	MR	73218	M R I Upper Extremity Without Contrast	Yes	MedSolutions	
Radiology	MR	73219	M R I Upper Extremity With Contrast	Yes	MedSolutions	
Radiology	MR	73220	M R I Upper Extremity With & Without Contrast	Yes	MedSolutions	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
Radiology	MR	73221	M R I Upper Extremity Joint Without Contrast	Yes	MedSolutions	
Radiology	MR	73222	M R I Upper Extremity Joint With Contrast	Yes	MedSolutions	
Radiology	MR	73223	M R I Upper Extremity Joint With & Without Contrast	Yes	MedSolutions	
Radiology	MRA	73225	M R A Upper Extremity With Or Without Contrast	Yes	MedSolutions	
Radiology	CT	73700	C T Lower Extremity Without Contrast	Yes	MedSolutions	
Radiology	CT	73701	C T Lower Extremity With Contrast	Yes	MedSolutions	
Radiology	CT	73702	C T Lower Extremity Without & With Contrast	Yes	MedSolutions	
Radiology	CT	73706	C T 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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	C T Abdomen Without Contrast	Yes	MedSolutions	
Radiology	CT	74160	C T Abdomen With Contrast	Yes	MedSolutions	
Radiology	CT	74170	C T 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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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) (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)	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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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 Patellectomy	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 diaphysectomy) 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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

**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 (Fluroscopy 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 (Fluroscopy 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.

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

**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 Imgaing 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 Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device(Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; 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 Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	CareCore National	
Musculoskeletal	Spine Surgery	22534	Arthrodesis, Lateral Extracavitary 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 Osteophyctomy 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 Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition T	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/Distractioin 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/Distractioin 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/Distractioin 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/Distractioin 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 Forminotomy (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 osteophyctomy; thoracic, single interspace	Yes	CareCore National	
Musculoskeletal	Spine Surgery	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; 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 (Listseparately 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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

**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 intracavitary 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	Intracavitary radiation source application; simple	Yes	CareCore National	Yes		
77762	Intracavitary radiation source application; intermediate	Yes	CareCore National	Yes		
77763	Intracavitary 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 intracavitary brachytherapy; 1 channel	Yes	CareCore National	Yes		
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	CareCore National	Yes		
77772	HDR radionuclide interstitial or intracavitary 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)	Yes	CareCore National			
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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

**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.

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

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	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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	Iv 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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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.

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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 intracavitary 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 intracavitary 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 intracavitary 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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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 intracavitary 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 intracavitary 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 intracavitary 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 intracavitary 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 intracavitary 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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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 intracavitary 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 intracavitary 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 intracavitary 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 (ctls), 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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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 I5673 or I5679)	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 I5673 or I5679)	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	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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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, myoelectronic 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, myoelectronic 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, myoelectronic 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	

Product	Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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/DbI 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 Pwr 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 Myoelectronic	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 Myoelectronic 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 Adjustm(S)	Yes	CareCore National

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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	99512	Home visit for hemodialysis	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	H0045	Respite care services, not in the home, per diem	Yes	CareCore National	
Home Health	S5150	Unskilled respite care, not hospice; per 15 minutes	Yes	CareCore National	
Home Health	S5151	Unskilled respite care, not hospice; per diem	Yes	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	
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	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	Yes	CareCore National	
Home Health	T1005	Respite care services, up to 15 minutes	Yes	CareCore National	
Home Health	T1021	Home Health Aide (HHA) Visit unassociated with skilled nursing services - FL DSNP Only	Out Of Scope	CareCore National	

Category	CPT® Code	CPT® Code Description	Commercial Prior Authorization Required?	Commercial Case Build Platform	External Notation
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	T2044	Hospice inpatient respite care; per diem	Yes	CareCore National	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

**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, Onabotulinumtoxin A	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	Gammaplex 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 VIIa	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	

CPT copyright 2026 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Cigna Commercial Medical Oncology Code List

For the current Medical Oncology Code List, click [here](#).
Request access directly through SmartSheet if you cannot open the page.



Cigna Commercial Lab Management Code List

For the current Laboratory Management Code List, click [here](#).
Request access directly through SmartSheet if you cannot open the page.