



# 2024

# Prior Authorization List

The Prior Authorization List was last updated Sept. 20, 2024.

- The results of this tool are not a guarantee of coverage or authorization.
- Recommendations contained in InterQual guidelines are not a guarantee of coverage.
- The contents of this list are subject to change in accordance with plan policies and procedures and the Provider Manual.
- Providers should consult applicable medical policies for information regarding covered benefits.

Prior authorizations are required for:

- All non-par providers.
- Out-of-state providers.
- All inpatient admissions, including organ transplants.
- Durable medical equipment over \$500.
- Elective surgeries.
- Any service that requires an authorization from a primary payer, **except** nonexhausted Original Medicare Services.
- Any exhausted or noncovered Original Medicare service.

For more information, call Provider Services by calling **1-833-957-0020** from 8 a.m. – 5 p.m., Monday through Friday, or contacting your Provider Account Liaison.

Code	Description	Prior Authorization Requirement	Referenced Policy, if applicable
10040	Acne Surgery	Prior Authorization is required	
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	Prior Authorization is required	
11960	Insertion of tissue expander(s)	Prior Authorization is required	
11970	Replacement of tissue expander with permanent testicular insertion.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq. cm or less.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Prior Authorization is required	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq. cm to 30.0 sq. cm.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
14061	SKIN TISSUE REARRANGEMENT	Prior Authorization is required	
14301	SKIN TISSUE REARRANGEMENT	Prior Authorization is required	
15050	SKIN PINCH GRAFT	Prior Authorization is required	
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Prior Authorization is required	
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Prior Authorization is required	
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Prior Authorization is required	
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Prior Authorization is required	
15150	CULT SKIN GRAFT T/ARM/LEG	Prior Authorization is required	
15155	CULT SKIN GRAFT F/N/HF/G	Prior Authorization is required	
15200	SKIN FULL GRAFT TRUNK	Prior Authorization is required	
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Prior Authorization is required	
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2257 Bionengineerd Skin and Skin Replacment Therapy in the Outpatient Setting
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2257 Bionengineerd Skin and Skin Replacment Therapy in the Outpatient Setting
15277	SKN SUB GRAFT F/N/HF/G CHILD	Prior Authorization is required	
15736	MUSCLE-SKIN GRAFT ARM	Prior Authorization is required	
15760	COMPOSITE SKIN GRAFT	Prior Authorization is required	
15769	Grafting of autologous soft tissue, other, harvested by direct excision	Prior Authorization is required	
15770	DERMA-FAT-FASCIA GRAFT	Prior Authorization is required	
15771	Grafting of autologous fat harvested by liposuction technique	Prior Authorization is required	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Prior Authorization is required	
15776	Punch graft for hair transplant; more than 15 punch grafts	Prior Authorization is required	
15819	Cervicoplasty (neck lift)	Prior Authorization is required	
15823	REVISION OF UPPER EYELID	Prior Authorization is required	
15830	EXC SKIN ABD	Prior Authorization is required	
15999	Unlisted procedure, excision pressure ulcer	Prior Authorization is required	
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0-50 sq cm.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50 sq cm.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
17110	Destruction of benign lesions; up to 14 lesions	Prior Authorization is required	
17111	Destruction of benign lesions; 15+	Prior Authorization is required	
17340	Cryotherapy (CO <sub>2</sub> slush, liquid N <sub>2</sub> ) for acne	Prior Authorization is required	
17360	Chemical exfoliation for acne (eg, acne paste, acid)	Prior Authorization is required	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Prior Authorization is required	
19300	Mastectomy for gynecomastia	Prior Authorization is required	
19301	Mastectomy, Partial (e.g., Lumpectomy, Tylectomy, Quadranectomy, Segmentectomy).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19302	Mastectomy, Partial (e.g., Lumpectomy, Tylectomy, Quadranectomy, Segmentectomy); With Axillary Lymphadenectomy.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19303	Mastectomy, Simple, Complete.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery, HHO-WV-MP-2216 Gender Affirmation Surgery
19305	Mastectomy, Radical, including Pectoral Muscles, Axillary Lymph Nodes.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19306	Mastectomy, Radical, including Pectoral Muscles, Axillary and Internal Mammary Lymph nodes (urban Type Operation).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19307	Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With or Without Pectoralis Minor Muscle, But Excluding Pectoralis Major Muscle.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19316	Mastopexy.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19318	REDUCTION OF LARGE BREAST	Prior Authorization is required	
19325	ENLARGE BREAST WITH IMPLANT	Prior Authorization is required	

19328	REMOVAL OF BREAST IMPLANT	Prior Authorization is required	
19330	REMOVAL OF IMPLANT MATERIAL	Prior Authorization is required	
19340	IMMEDIATE BREAST PROSTHESIS	Prior Authorization is required	
19342	DELAYED BREAST PROSTHESIS	Prior Authorization is required	
19350	BREAST RECONSTRUCTION	Prior Authorization is required	
19355	CORRECT INVERTED NIPPLE(S)	Prior Authorization is required	
19357	Tissue Expander Placement in Breast Reconstruction, Including Subsequent Expansion(s).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19361	BREAST RECONSTR W/LAT FLAP	Prior Authorization is required	
19364	BREAST RECONSTRUCTION	Prior Authorization is required	
19367	BREAST RECONSTRUCTION	Prior Authorization is required	
19368	BREAST RECONSTRUCTION	Prior Authorization is required	
19369	BREAST RECONSTRUCTION	Prior Authorization is required	
19370	SURGERY OF BREAST CAPSULE	Prior Authorization is required	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2027-001-Breast Reconstructive Surgery
19396	DESIGN CUSTOM BREAST IMPLANT	Prior Authorization is required	
19499	Unlisted procedure, breast	Prior Authorization is required	
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	Prior Authorization is required	
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	Prior Authorization is required	
20551	Injection(s); single tendon origin/insertion	Prior Authorization is required	
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Prior Authorization is required	
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	Prior Authorization is required	
20612	Aspiration and/or injection of ganglion cyst(s) any location	Prior Authorization is required	
20912	REMOVE CARTILAGE FOR GRAFT	Prior Authorization is required	
20974	ELECTRICAL STIMULATION FOR BONE HEALING NON INVASIVE	Prior Authorization is required	
20975	ELECTRICAL STIMULATION FOR BONE HEALING INVASIVE	Prior Authorization is required	
20979	LOW INT ULTRASOUND STIM FOR BONE HEALING	Prior Authorization is required	
20999	Unlisted procedure, musculoskeletal system, general	Prior Authorization is required	
21089	Unlisted maxillofacial prosthetic procedure	Prior Authorization is required	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Prior Authorization is required.	
21121	Genioplasty; sliding osteotomy, single piece	Prior Authorization is required.	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Prior Authorization is required.	
21123	Genioplasty; sliding, augmentation with inter-positional bone grafts (includes obtaining autografts).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults
21125	Augmentation, mandibular body or angle; prosthetic material	Prior Authorization is required.	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Prior Authorization is required.	
21137	Reduction forehead; contouring only	Prior Authorization is required	
21138	Reduction forehead; contouring/application of contouring material/bone graft	Prior Authorization is required	
21139	Reduction forehead; contouring/setback of anterior frontal sinus wall	Prior Authorization is required	
21195	Augmentation, mandibular body, or angle; prosthetic material.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults
21199	Osteotomy, mandible, segmental; with genioglossus advancement.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Prior Authorization is required.	
21210	Graft, bone; nasal, maxillary or molar areas (includes obtaining graft).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
21235	EAR CARTILAGE GRAFT	Prior Authorization is required	
21240	RECONSTRUCTION OF JAW JOINT	Prior Authorization is required	
21299	Unlisted craniofacial and maxillofacial procedure	Prior Authorization is required	
21335	TREATMENT OF NOSE FRACTURE	Prior Authorization is required	
21499	Unlisted musculoskeletal procedure, head	Prior Authorization is required	
21685	Hyoid myotomy and suspension.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults
21740	Reconstructive repair of pectus excavatum of sternum; open	Prior Authorization is required	
21742	Reconstructive repair of pectus excavatum of sternum, w/o thoracoscopy	Prior Authorization is required	
21743	Reconstructive repair of pectus excavatum of sternum, with thoracoscopy	Prior Authorization is required	
21899	Unlisted procedure, neck or thorax	Prior Authorization is required	

22514	PERQ VERTEBRAL AUGMENTATION	Prior Authorization is required	
22533	Arthrodesis, lateral extracavitary technique, lumbar	Prior Authorization is managed by Health Help	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2	Prior Authorization is managed by Health Help	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy	Prior Authorization is managed by Health Help	
22554	Arthrodesis, anterior interbody technique, cervical below C2	Prior Authorization is managed by Health Help	
22558	Arthrodesis, anterior interbody technique, lumbar	Prior Authorization is managed by Health Help	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Prior Authorization is managed by Health Help	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Prior Authorization is managed by Health Help	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical	Prior Authorization is managed by Health Help	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar	Prior Authorization is managed by Health Help	
22630	Arthrodesis, posterior interbody technique, lumbar	Prior Authorization is managed by Health Help	
22633	Arthrodesis, combined posterior or posterolateral technique	Prior Authorization is managed by Health Help	
22830	EXPLORATION OF SPINAL FUSION	Prior Authorization is required	
22856	Total disc arthroplasty (artificial disc), anterior approach	Prior Authorization is managed by Health Help	
22861	Revision including replacement of total disc arthroplasty	Prior Authorization is managed by Health Help	
22864	Removal of total disc arthroplasty, anterior approach	Prior Authorization is managed by Health Help	
22899	Unlisted procedure, spine	Prior Authorization is required	
22999	Unlisted procedure, abdomen, musculoskeletal system	Prior Authorization is required	
23120	Claviclectomy; partial	Prior Authorization is managed by Health Help	
23125	Claviclectomy; total	Prior Authorization is managed by Health Help	
23130	Acromioplasty or acromionectomy, partial	Prior Authorization is managed by Health Help	
23405	Tenotomy, shoulder area; single tendon	Prior Authorization is managed by Health Help	
23410	Repair of ruptured musculotendinous cuff open; acute	Prior Authorization is managed by Health Help	
23412	Repair of ruptured musculotendinous cuff open; chronic	Prior Authorization is managed by Health Help	
23415	Coracoacromial ligament release, with or without acromioplasty	Prior Authorization is managed by Health Help	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic	Prior Authorization is managed by Health Help	
23430	Tenodesis of long tendon of biceps	Prior Authorization is managed by Health Help	
23450	Capsulorrhaphy, anterior	Prior Authorization is managed by Health Help	
23455	Capsulorrhaphy, anterior; with labral repair	Prior Authorization is managed by Health Help	
23460	Capsulorrhaphy, anterior, any type; with bone block	Prior Authorization is managed by Health Help	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Prior Authorization is managed by Health Help	
23465	Capsulorrhaphy, glenohumeral joint, posterior, w/ or w/o bone block	Prior Authorization is managed by Health Help	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional	Prior Authorization is managed by Health Help	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Prior Authorization is managed by Health Help	
23472	Arthroplasty, glenohumeral joint; total shoulder	Prior Authorization is managed by Health Help	
23473	Revision of total shoulder arthroplasty; humeral or glenoid component	Prior Authorization is managed by Health Help	
23474	Revision of total shoulder arthroplasty; humeral/glenoid component	Prior Authorization is managed by Health Help	
23700	Manipulation under anesthesia, shoulder joint	Prior Authorization is managed by Health Help	
23929	Unlisted procedure, shoulder	Prior Authorization is required	
24999	Unlisted procedure, humerus or elbow	Prior Authorization is required	
25107	REMOVE WRIST JOINT CARTILAGE	Prior Authorization is required	
25999	Unlisted procedure, forearm or wrist	Prior Authorization is required	
26055	Tendon sheath incision (eg, for trigger finger)	Prior Authorization is required	
26989	Unlisted procedure, hands or fingers	Prior Authorization is required	
27096	Injection procedure for sacroiliac joint, anesthetic/steroid	Prior Authorization is managed by Health Help	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement	Prior Authorization is managed by Health Help	
27132	Conversion of previous hip surgery to total hip arthroplasty	Prior Authorization is managed by Health Help	
27134	Revision of total hip arthroplasty; both components	Prior Authorization is managed by Health Help	
27137	Revision of total hip arthroplasty; acetabular component only	Prior Authorization is managed by Health Help	
27138	Revision of total hip arthroplasty; femoral component only	Prior Authorization is managed by Health Help	
27299	Unlisted procedure, pelvis or hip joint	Prior Authorization is required	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee	Prior Authorization is managed by Health Help	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee	Prior Authorization is managed by Health Help	
27403	Arthrotomy with meniscus repair, knee	Prior Authorization is managed by Health Help	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Prior Authorization is managed by Health Help	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Prior Authorization is managed by Health Help	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty)	Prior Authorization is managed by Health Help	
27418	Anterior tibial tubercleplasty	Prior Authorization is managed by Health Help	
27420	Reconstruction of dislocating patella	Prior Authorization is managed by Health Help	

27422	Reconstruction of dislocating patella; with extensor realignment	Prior Authorization is managed by Health Help	
27424	Reconstruction of dislocating patella; with patellectomy	Prior Authorization is managed by Health Help	
27425	Lateral retinacular release, open	Prior Authorization is managed by Health Help	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular	Prior Authorization is managed by Health Help	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular	Prior Authorization is managed by Health Help	
27438	Arthroplasty, patella; with prosthesis	Prior Authorization is managed by Health Help	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral	Prior Authorization is managed by Health Help	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral	Prior Authorization is managed by Health Help	
27486	Revision of total knee arthroplasty, w/ or w/o allograft; 1 component	Prior Authorization is managed by Health Help	
27487	Revision of total knee arthroplasty, w/ or w/o allograft;	Prior Authorization is managed by Health Help	
27570	Manipulation of knee joint under general anesthesia	Prior Authorization is managed by Health Help	
27599	Unlisted procedure, femur or knee	Prior Authorization is required	
27899	Unlisted procedure, leg or ankle	Prior Authorization is required	
28899	Unlisted procedure, foot or toes	Prior Authorization is required	
29799	Unlisted procedure, casting or strapping	Prior Authorization is required	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy	Prior Authorization is managed by Health Help	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Prior Authorization is managed by Health Help	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Prior Authorization is managed by Health Help	
29819	Arthroscopy, shoulder, surgical; with removal	Prior Authorization is managed by Health Help	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Prior Authorization is managed by Health Help	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Prior Authorization is managed by Health Help	
29822	Arthroscopy, shoulder, surgical; debridement, limited	Prior Authorization is managed by Health Help	
29823	Arthroscopy, shoulder, surgical; debridement, extensive	Prior Authorization is managed by Health Help	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy	Prior Authorization is managed by Health Help	
29825	Arthroscopy, shoulder, surgical; with lysis/resection of adhesions	Prior Authorization is managed by Health Help	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Prior Authorization is managed by Health Help	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Prior Authorization is managed by Health Help	
29844	WRIST ARTHROSCOPY/SURGERY	Prior Authorization is required	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy	Prior Authorization is managed by Health Help	
29861	Arthroscopy, hip, surgical; with removal of loose body/foreign body	Prior Authorization is managed by Health Help	
29862	Arthroscopy, hip, surgical; with debridement/shaving	Prior Authorization is managed by Health Help	
29863	Arthroscopy, hip, surgical; with synovectomy	Prior Authorization is managed by Health Help	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s)	Prior Authorization is managed by Health Help	
29867	Arthroscopy, knee, surgical; osteochondral allograft	Prior Authorization is managed by Health Help	
29868	Arthroscopy, knee, surgical; meniscal transplantation	Prior Authorization is managed by Health Help	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy	Prior Authorization is managed by Health Help	
29873	Arthroscopy, knee, surgical; with lateral release	Prior Authorization is managed by Health Help	
29874	Arthroscopy, knee, surgical; for removal of loose or foreign	Prior Authorization is managed by Health Help	
29875	Arthroscopy, knee, surgical; synovectomy, limited	Prior Authorization is managed by Health Help	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2+	Prior Authorization is managed by Health Help	
29877	Arthroscopy, knee, surgical; debridement/shaving	Prior Authorization is managed by Health Help	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty	Prior Authorization is managed by Health Help	
29880	Arthroscopy, knee, surgical; with meniscectomy	Prior Authorization is managed by Health Help	
29881	Arthroscopy, knee, surgical; with menisectomy	Prior Authorization is managed by Health Help	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Prior Authorization is managed by Health Help	
29883	Arthroscopy, knee, surgical; with meniscus repair	Prior Authorization is managed by Health Help	
29884	Arthroscopy, knee, surgical; with lysis of adhesions	Prior Authorization is managed by Health Help	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation	Prior Authorization is managed by Health Help	
29889	Arthroscopically aided posterior cruciate ligament repair	Prior Authorization is managed by Health Help	
29914	Arthroscopy, hip, surgical; with femoroplasty	Prior Authorization is managed by Health Help	
29915	Arthroscopy, hip, surgical; with acetabuloplasty	Prior Authorization is managed by Health Help	
29916	Arthroscopy, hip, surgical; with labral repair	Prior Authorization is managed by Health Help	
29999	Unlisted procedure, arthroscopy	Prior Authorization is required	
30130	Excision inferior turbinate, partial or complete, any method.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults
30140	RESECT INFERIOR TURBINATE	Prior Authorization is required	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Prior Authorization is required.	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Prior Authorization is required.	
30420	Rhinoplasty, primary; including major septal repair	Prior Authorization is required.	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Prior Authorization is required.	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Prior Authorization is required.	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Prior Authorization is required.	

30460	REVISION OF NOSE	Prior Authorization is required	
30462	REVISION OF NOSE	Prior Authorization is required	
30465	REPAIR NASAL STENOSIS	Prior Authorization is required	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Prior Authorization is required.	
30520	REPAIR OF NASAL SEPTUM	Prior Authorization is required	
30999	Unlisted procedure, nose	Prior Authorization is required	
31090	EXPLORATION OF SINUSES	Prior Authorization is required	
31255	REMOVAL OF ETHMOID SINUS	Prior Authorization is required	
31299	Unlisted procedure, accessory sinuses	Prior Authorization is required	
31587	LARYNGOPLASTY, CRICOID SPLIT, WITHOUT GRAFT	Prior Authorization is required	
31599	Unlisted procedure, larynx	Prior Authorization is required	
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance;	Prior Authorization is required	
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance;	Prior Authorization is required	
31899	Unlisted procedure, trachea, bronchi	Prior Authorization is required	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy	Prior Authorization is managed by Health Help	
32999	Unlisted procedure, lungs and pleura	Prior Authorization is required	
33207	Insertion of new/replacement of permanent pacemaker w/ transvenous electrode(s); ventricular	Prior Authorization is managed by Health Help	
33208	Insertion of new/replacement of permanent pacemaker w/ transvenous electrode(s); atrial and ventricular	Prior Authorization is managed by Health Help	
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter	Prior Authorization is managed by Health Help	
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes	Prior Authorization is managed by Health Help	
33212	Insertion of pacemaker pulse generator only; with existing single lead	Prior Authorization is managed by Health Help	
33213	Insertion of pacemaker pulse generator only; with existing dual leads	Prior Authorization is managed by Health Help	
33214	Upgrade of implanted pacemaker system, conversion of single chamber to dual chamber system	Prior Authorization is managed by Health Help	
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Prior Authorization is managed by Health Help	
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	Prior Authorization is managed by Health Help	
33218	INSERT ELECTRODE	Prior Authorization is required	
33220	REPAIR ELECTRODE	Prior Authorization is required	
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	Prior Authorization is managed by Health Help	
33223	RELOCATION SKIN POCKET	Prior Authorization is required	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing	Prior Authorization is managed by Health Help	
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator	Prior Authorization is managed by Health Help	
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator	Prior Authorization is managed by Health Help	
33229	Removal of permanent pacemaker pulse generator w/ replacement of pacemaker pulse generator; multiple	Prior Authorization is managed by Health Help	
33230	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR	Prior Authorization is managed by Health Help	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Prior Authorization is managed by Health Help	
33233	Removal of permanent pacemaker pulse generator only	Prior Authorization is managed by Health Help	
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Prior Authorization is managed by Health Help	
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Prior Authorization is managed by Health Help	
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	Prior Authorization is managed by Health Help	
33241	Removal of implantable defibrillator pulse generator only	Prior Authorization is managed by Health Help	
33243	REMOVAL CARDIOVERTER DEFIBRILLATOR ELECTRODES	Prior Authorization is required	
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	Prior Authorization is managed by Health Help	
33249	Insertion/replacement of permanent implantable defibrillator, w/ transvenous lead(s), single/dual chamber	Prior Authorization is managed by Health Help	
33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR	Prior Authorization is managed by Health Help	
33263	Removal of implantable defibrillator pulse generator w/ replacement of dual lead system	Prior Authorization is managed by Health Help	
33264	Removal of implantable defibrillator pulse generator w/ replacement of multiple lead system	Prior Authorization is managed by Health Help	
33270	INSERT/REPLACE PERMANENT SQ IMPLANT DEFIBRILLATOR SYSTEM	Prior Authorization is managed by Health Help	

33271	INSERT SQ IMPLANT DEFIBRILLAOR ELECTRODE	Prior Authorization is managed by Health Help	
33272	REMOVE SQ IMPLANT DEFIBRILLAOR ELECTRODE	Prior Authorization is managed by Health Help	
33273	REPOSITION SQ IMPLANT DEFIBRILLAOR ELECTRODE	Prior Authorization is managed by Health Help	
33274	TRANSCATH INSERT/REPLACE PERM LEADLESS PACEMAKER, RIGHT VENT	Prior Authorization is managed by Health Help	
33275	TRANSCATH REMOVAL PERM LEADLESS PACEMAKER, RIGHT VENT	Prior Authorization is managed by Health Help	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Prior Authorization is managed by Health Help	
33286	Removal, subcutaneous cardiac rhythm monitor	Prior Authorization is managed by Health Help	
33340	Percutaneous transcatheter closure of the left atrial appendage	Prior Authorization is managed by Health Help	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve	Prior Authorization is managed by Health Help	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve	Prior Authorization is managed by Health Help	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve	Prior Authorization is managed by Health Help	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve	Prior Authorization is managed by Health Help	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve	Prior Authorization is managed by Health Help	
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve	Prior Authorization is managed by Health Help	
33418	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed	Prior Authorization is managed by Health Help	
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation	Prior Authorization is managed by Health Help	
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation	Prior Authorization is managed by Health Help	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation	Prior Authorization is managed by Health Help	
33999	Unlisted procedure, cardiac surgery	Prior Authorization is required	
36299	Unlisted procedure, vascular injection	Prior Authorization is required	
36465	Injection of noncompounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (e.g., great saphenous vein, accessory saphenous vein).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
36466	Injection of noncompounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (e.g., great saphenous vein, accessory saphenous vein), same leg.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
36468	Injection(s) of sclerosant for spider veins (telangiectasia	Prior Authorization is managed by Health Help	
36475	ENDOVENOUS RF, 1ST VEIN	Prior Authorization is required	
36478	ENDOVENOUS LASER 1ST VEIN	Prior Authorization is required	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Prior Authorization is managed by Health Help	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty	Prior Authorization is managed by Health Help	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy	Prior Authorization is managed by Health Help	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Prior Authorization is managed by Health Help	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel	Prior Authorization is managed by Health Help	
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel	Prior Authorization is managed by Health Help	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy	Prior Authorization is managed by Health Help	
37243	Vascular embolization or occlusion, for tumors, organ ischemia, or infarction.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
37501	Unlisted vascular endoscopy procedure	Prior Authorization is required	
37700	REVISE LEG VEIN	Prior Authorization is required	
37718	Ligation, division, and stripping, short saphenous vein.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
37722	LIGATE/STRIP LONG LEG VEIN	Prior Authorization is required	
37735	REMOVAL OF LEG VEINS/LESION	Prior Authorization is required	

37760	LIGATE LEG VEINS RADICAL	Prior Authorization is required	
37761	LIGATE LEG VEINS OPEN	Prior Authorization is required	
37765	STAB PHLEB VEINS XTR 10-20	Prior Authorization is required	
37766	PHLEB VEINS - EXTREM 20+	Prior Authorization is required	
37780	REVISION OF LEG VEIN	Prior Authorization is required	
37785	LIGATE/DIVIDE/EXCISE VEIN	Prior Authorization is required	
37799	Unlisted procedure, vascular surgery	Prior Authorization is required	
38129	Unlisted laparoscopy procedure, spleen	Prior Authorization is required	
38589	Unlisted laparoscopy procedure, lymphatic system	Prior Authorization is required	
38999	Unlisted procedure, hemic or lymphatic system	Prior Authorization is required	
39499	Unlisted procedure, mediastinum	Prior Authorization is required	
39599	Unlisted procedure, diaphragm	Prior Authorization is required	
40500	Vermilionectomy (lip shave), with mucosal advancement	Prior Authorization is required	
40799	Unlisted procedure, lips	Prior Authorization is required	
40899	Unlisted procedure, vestibule of mouth	Prior Authorization is required	
41530	Submucosal ablation of the tongue base, radiofrequency, 1+	Prior Authorization is required	
41599	Unlisted procedure, tongue, floor of mouth	Prior Authorization is required	
41899	Unlisted procedure, dentoalveolar structures	Prior Authorization is required	
42299	Unlisted procedure, palate, uvula (Coblation)	Prior Authorization is required	
42699	Unlisted procedure, salivary glands or ducts	Prior Authorization is required	
42820	Tonsillectomy and adenoidectomy; younger than age 12.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42821	Tonsillectomy and adenoidectomy; age 12 or over.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults; HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42825	Tonsillectomy, primary or secondary; younger than age 12.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42826	Tonsillectomy, primary or secondary; age 12 or over.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults; HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42830	Adenoidectomy, primary; younger than age 12.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42831	Adenoidectomy, primary; age 12 or over.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults; HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42835	Adenoidectomy, secondary; younger than age 12.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults; HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42836	Adenoidectomy, secondary; age 12 or over.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults; HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Prior Authorization is required	
43289	Unlisted laparoscopy procedure, esophagus	Prior Authorization is required	
43499	Unlisted procedure, esophagus	Prior Authorization is required	
43634	REMOVAL OF STOMACH PARTIAL	Prior Authorization is required	
43644	Laparoscopy, surgical, gastric restrictive procedure	Prior Authorization is required	
43645	LAP GASTR BYPASS INCL SMILL I	Prior Authorization is required	
43647	Laparoscopy, surgical; implantation or replacement of gastric	Prior Authorization is required	
43648	Laparoscopy, surgical; revision or removal of gastric	Prior Authorization is required	
43659	Unlisted laparoscopy procedure, stomach	Prior Authorization is required	
43770	LAP PLACE GASTR ADJ DEVICE	Prior Authorization is required	
43771	LAP REVISE GASTR ADJ DEVICE	Prior Authorization is required	
43772	LAP RMVL GASTR ADJ DEVICE	Prior Authorization is required	
43773	LAP REPLACE GASTR ADJ DEVICE	Prior Authorization is required	
43774	LAP RMVL GASTR ADJ ALL PARTS	Prior Authorization is required	
43775	LAP SLEEVE GASTRECTOMY	Prior Authorization is required	
43842	Gastric restrictive procedure, without gastric bypass,	Prior Authorization is required	

43843	GASTROPLASTY W/O V-BAND	Prior Authorization is required	
43846	GASTRIC BYPASS FOR OBESITY	Prior Authorization is required	
43847	GASTRIC BYPASS INCL SMALL	Prior Authorization is required	
43848	REVISION GASTROPLASTY	Prior Authorization is required	
43860	REVISE STOMACH-BOWEL FUSION	Prior Authorization is required	
43865	REVISE STOMACH-BOWEL FUSION	Prior Authorization is required	
43881	Implantation or replacement of gastric neurostimulator electrodes	Prior Authorization is required	
43882	Revision or removal of gastric neurostimulator electrodes	Prior Authorization is required	
43886	REVISE GASTRIC PORT OPEN	Prior Authorization is required	
43999	Unlisted procedure, stomach	Prior Authorization is required	
44137	Removal of transplanted intestinal allograft, complete	Prior Authorization is required	
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Prior Authorization is required	
44705	PREP OF FECAL MICROBIOTA	Prior Authorization is required	
44799	FECAL INSTILLATION	Prior Authorization is required	
44799	Unlisted procedure, small intestine	Prior Authorization is required	
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	Prior Authorization is required	
44979	Unlisted laparoscopy procedure, appendix	Prior Authorization is required	
45399	Unlisted procedure, colon	Prior Authorization is required	
45499	Unlisted laparoscopy procedure, rectum	Prior Authorization is required	
45999	Unlisted procedure, rectum	Prior Authorization is required	
46999	Unlisted procedure, anus	Prior Authorization is required	
47379	Unlisted laparoscopic procedure, liver	Prior Authorization is required	
47399	Unlisted procedure, liver	Prior Authorization is required	
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W/ EXPLORATION OF COMMON DUCT	Prior Authorization is required	
47579	Unlisted laparoscopy procedure, biliary tract	Prior Authorization is required	
47999	Unlisted procedure, biliary tract	Prior Authorization is required	
48999	Unlisted procedure, pancreas	Prior Authorization is required	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Prior Authorization is required	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Prior Authorization is required	
49906	Free omental flap with microvascular anastomosis	Prior Authorization is required	
49999	Unlisted procedure, abdomen, peritoneum and omentum	Prior Authorization is required	
50549	Unlisted laparoscopy procedure, renal	Prior Authorization is required	
50949	Unlisted laparoscopy procedure, ureter	Prior Authorization is required	
51999	Unlisted laparoscopy procedure, bladder	Prior Authorization is required	
52441	Cystourethroscopy, with insertion	Prior Authorization is required	
52450	Transurethral incision of prostate.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
52640	Transurethral resection; of postoperative bladder neck contracture.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate

52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
53400	URETHROPLASTY; FIRST STAGE	Prior Authorization is required	
53410	URETHROPLASTY, 1-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	Prior Authorization is required	
53420	Urethroplasty; Reconstruction/repair Prostatic or Membranous Urethra;	Prior Authorization is required	
53425	Urethroplasty; Reconstruction/repair Prostatic or Membranous Urethra;	Prior Authorization is required	
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Prior Authorization is required	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
53852	Transurethral destruction of prostate tissue; by microwave thermotherapy.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
53899	Unlisted procedure, urinary system	Prior Authorization is required	
54120	AMPUTATION OF PENIS; PARTIAL	Prior Authorization is required	
54125	AMPUTATION OF PENIS; COMPLETE	Prior Authorization is required	
54130	Amputation of penis, radical	Prior Authorization is required	
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	Prior Authorization is required	
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	Prior Authorization is required	
54405	INSERT MULTI-COMP PENIS PROS	Prior Authorization is required	
54406	REMOVAL PENILE PROSTHESIS; INFLATABLE; NO REPLACEMENT	Prior Authorization is required	
54408	REPAIR PENILE PROSTHESIS; INFLATABLE	Prior Authorization is required	
54410	REMOVAL AND REPAIR PENILE PROSTHESIS; INFLATABLE	Prior Authorization is required	
54411	REMOVAL AND REPAIR PENILE PROSTHESIS; INFLATABLE; INFECTED SITE	Prior Authorization is required	
54415	REMOVAL PENILE PROSTHESIS; NON INFLATABLE	Prior Authorization is required	
54416	REMOVAL AND REPAIR PENILE PROSTHESIS; NON INFLATABLE	Prior Authorization is required	
54417	REMOVAL AND REPAIR PENILE PROSTHESIS; INFLATABLE; INFECTED SITE	Prior Authorization is required	
54520	ORCHIECTOMY, SIMPLE	Prior Authorization is required	
54660	REVISION OF TESTIS	Prior Authorization is required	
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	Prior Authorization is required	
54699	Unlisted laparoscopy procedure, testis	Prior Authorization is required	
55150	RESECTION OF SCROTUM	Prior Authorization is required	
55175	SCROTOPLASTY; SIMPLE	Prior Authorization is required	
55180	SCROTOPLASTY; COMPLICATED	Prior Authorization is required	
55250	Vasectomy, unilateral or bilateral	Prior Authorization is required	
55559	Unlisted laparoscopy procedure, spermatic cord	Prior Authorization is required	
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55810	Prostatectomy, perineal radical.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55840	Prostatectomy; retropubic radical.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55842	Prostatectomy; retropubic radical, w/ lymph node biopsy.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55845	Prostatectomy; retropubic radical, w/ bilateral pelvic lymphadenectomy.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55866	The provider uses laparoscopic technique and removes the prostate and some of the surrounding tissue but spares the nerve supply; he may use robotic assistance and, if so, this is included with this code.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement). Pay for this service only as a primary treatment for patients with clinically localized prostate cancer, stages T1-T3.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2158-001-Treatment of the Prostate

55899	GENITAL SURGERY PROCEDURE	Prior Authorization is required	
55970	INTERSEX SURGERY MALE TO FEMALE	Prior Authorization is required	
55980	INTERSEX SURGERY FEMALE TO MALE	Prior Authorization is required	
56442	Hymenotomy, simple	Prior Authorization is required	
56625	VULVECTYOMY SIMPLE COMPLETE	Prior Authorization is required	
56700	Partial hymenectomy or revision of hymenal ring	Prior Authorization is required	
56800	PLASTIC REPAIR OF INTROITUS	Prior Authorization is required	
56805	CLITOROPLASTY FOR INTERSEX STATE	Prior Authorization is required	
56810	Perineoplasty, repair of perineum, nonobstetrical	Prior Authorization is required	
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	Prior Authorization is required	
57107	VAGINECTOMY, PARTIAL W/ REMOVAL PARAVAGINAL TISSUE	Prior Authorization is required	
57110	VAGINECTOMY, COMPLETE	Prior Authorization is required	
57111	VAGINECTOMY, COMPLETE W/ REMOVAL PARAVAGINAL TISSUE	Prior Authorization is required	
57288	REPAIR BLADDER DEFECT	Prior Authorization is required	
57291	Construction of artificial vagina; without graft	Prior Authorization is required	
57292	Construction of artificial vagina; with graft	Prior Authorization is required	
57295	REVISION OF PROSTHETIC VAGINAL GRAFT	Prior Authorization is required	
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT	Prior Authorization is required	
57335	VAGINOPLASTY FOR INTERSEX STATE	Prior Authorization is required	
57426	REVISION PROSTHETIC VAGINAL GRAFT, LAPROSCOPIC	Prior Authorization is required	
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX	Prior Authorization is required	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58180	SUPRACERVICAL ABD HYSTERECTOMY W/ OR W/O REMOVAL OF TUBES & OVARIES	Prior Authorization is required	
58260	Vaginal hysterectomy, for uterus 250 g or less.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58267	VAGINAL HYSTERECTOMY	Prior Authorization is required	
58270	VAGINAL HYSTERECTOMY	Prior Authorization is required	
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY	Prior Authorization is required	
58280	VAGINAL HYSTERECTOMY, W/ TOTAL OR PARTIAL VAGINECTOMY	Prior Authorization is required	
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	Prior Authorization is required	
58290	VAG HYST COMPLEX	Prior Authorization is required	
58291	VAG HYST INCL T/O COMPLEX	Prior Authorization is required	
58292	VAG HYSTERECTOMY	Prior Authorization is required	
58294	VAGINAL HYSTERECTOMY, UTERUS > 250 G; WITH REPAIR OF ENTEROCELE	Prior Authorization is required	
58541	LSH, UTERUS 250 G OR LESS	Prior Authorization is required	
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58543	LSH UTERUS ABOVE 250 G	Prior Authorization is required	
58544	LSH W/T/O UTERUS ABOVE 250 G	Prior Authorization is required	
58550	LAPARO-ASST VAG HYSTERECTOMY	Prior Authorization is required	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58553	LAPARO-VAG HYST COMPLEX	Prior Authorization is required	
58554	LAPARO-VAG HYST W/T/O COMPL	Prior Authorization is required	
58565	HYSTEROSCOPY, STERILIZATION	Prior Authorization is required	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58572	TLH UTERUS OVER 250 G	Prior Authorization is required	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2216 Gender Affirmation Surgery
58578	Unlisted laparoscopy procedure, uterus	Prior Authorization is required	
58579	Unlisted hysteroscopy procedure, uterus	Prior Authorization is required	
58605	DIVISION OF FALLOPIAN TUBE	Prior Authorization is required	
58661	LAPAROSCOPY REMOVE ADNEXA	Prior Authorization is required	
58670	LAPAROSCOPY, TUBAL CAUTERY	Prior Authorization is required	
58671	LAPAROSCOPY, TUBAL BLOCK	Prior Authorization is required	
58679	Unlisted laparoscopy procedure, oviduct, ovary	Prior Authorization is required	
58700	REMOVAL OF FALLOPIAN TUBE	Prior Authorization is required	
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	Prior Authorization is required	

58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	Prior Authorization is required	
58999	Unlisted procedure, female genital system (non-obstetrical)	Prior Authorization is required	
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	Prior Authorization is required	
59898	Unlisted laparoscopy procedure, maternity care and delivery	Prior Authorization is required	
59899	Unlisted procedure, maternity care and delivery	Prior Authorization is required	
60300	Aspiration and/or injection, thyroid cyst	Prior Authorization is required	
60659	Unlisted laparoscopy procedure, endocrine system	Prior Authorization is required	
60699	Unlisted procedure, endocrine system	Prior Authorization is required	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator)	Prior Authorization is managed by Health Help	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator)	Prior Authorization is managed by Health Help	
61850	Twist drill or burr hole(s) for implantation or neurostimulator electrodes; cortical.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
61863	Twist drill, burr hole, craniotomy, or craniectomy	Prior Authorization is required	
61867	Twist drill, burr hole, craniotomy, or craniectomy	Prior Authorization is required	
61880	Revision or removal of intracranial neurostimulator electrodes	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
61885	Insertion or replacement of cranial neurostimulator pulse generator	Prior Authorization is required	
61886	Insertion or replacement of cranial neurostimulator pulse generator	Prior Authorization is required	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation; HHO-WV-MP-2131-001-Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy
62287	PERCUTANEOUS DISKECTOMY	Prior Authorization is required	
62320	Injection(s), of diagnostic or therapeutic substance(s)	Prior Authorization is managed by Health Help	
62321	Injection(s), of diagnostic or therapeutic substance(s)	Prior Authorization is managed by Health Help	
62322	Injection(s), of diagnostic or therapeutic substance(s)	Prior Authorization is managed by Health Help	
62323	Injection(s), of diagnostic or therapeutic substance(s)	Prior Authorization is managed by Health Help	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance	Prior Authorization is required	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance	Prior Authorization is required	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance	Prior Authorization is required	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance	Prior Authorization is required	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion	Prior Authorization is required	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion	Prior Authorization is required	
62362	IMPLANT SPINE INFUSION PUMP	Prior Authorization is required	
62380	Endoscopic decompression of spinal cord, nerve root(s)	Prior Authorization is managed by Health Help	
63001	Laminectomy with exploration and/or decompression of spinal cord	Prior Authorization is managed by Health Help	
63005	Laminectomy with exploration and/or decompression of spinal cord	Prior Authorization is managed by Health Help	
63012	Laminectomy with removal of abnormal facets and/or pars	Prior Authorization is managed by Health Help	
63015	Laminectomy with exploration and/or decompression of spinal cord	Prior Authorization is managed by Health Help	
63017	Laminectomy with exploration and/or decompression of spinal cord	Prior Authorization is managed by Health Help	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s)	Prior Authorization is managed by Health Help	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s)	Prior Authorization is managed by Health Help	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s)	Prior Authorization is managed by Health Help	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s)	Prior Authorization is managed by Health Help	
63045	Laminectomy, facetectomy and foraminotomy; cervical	Prior Authorization is managed by Health Help	
63047	Laminectomy, facetectomy and foraminotomy; lumbar	Prior Authorization is managed by Health Help	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2+	Prior Authorization is managed by Health Help	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2+	Prior Authorization is managed by Health Help	

63055	DECOMPRESS SPINAL CORD THRC	Prior Authorization is required	
63056	Transpedicular approach with decompression of spinal cord	Prior Authorization is managed by Health Help	
63075	Discectomy, anterior, with decompression of spinal cord	Prior Authorization is managed by Health Help	
63085	REMOVE VERT BODY DCMPRN THRC	Prior Authorization is required	
63620	Stereotactic radiosurgery; 1 spinal lesion	Prior Authorization is managed by Health Help	
63650	IMPLANT NEUROELECTRODES	Prior Authorization is required	
63655	IMPLANT NEUROELECTRODES	Prior Authorization is required	
63685	INSRT/REDO SPINE N GENERATOR	Prior Authorization is required	
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch	Prior Authorization is required	
64461	Paravertebral block (PVB)	Prior Authorization is required	
64463	Paravertebral block (PVB)	Prior Authorization is required	
64479	Injection(s), anesthetic agent and/or steroid, transforaminal	Prior Authorization is managed by Health Help	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal	Prior Authorization is managed by Health Help	
64486	Transversus abdominis plane (TAP) block	Prior Authorization is required	
64487	Transversus abdominis plane (TAP) block	Prior Authorization is required	
64488	Transversus abdominis plane (TAP) block	Prior Authorization is required	
64489	Transversus abdominis plane (TAP) block	Prior Authorization is required	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet	Prior Authorization is managed by Health Help	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet	Prior Authorization is managed by Health Help	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Prior Authorization is required	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Prior Authorization is required	
64568	Incision for implantation of cranial nerve neurostimulator electrode array/pulse generator	Prior Authorization is required	
64581	IMPLANT NEUROELECTRODES	Prior Authorization is required	
64590	Insertion or replacement of peripheral or gastric neurostimulator	Prior Authorization is required	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s),	Prior Authorization is managed by Health Help	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s),	Prior Authorization is managed by Health Help	
64721	CARPAL TUNNEL SURGERY	Prior Authorization is required	
64999	Unlisted procedure, nervous system	Prior Authorization is required	
65710	Keratoplasty (corneal transplant); anterior lamellar.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2221 Corneal Transplantation
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2221 Corneal Transplantation
65750	Keratoplasty (corneal transplant); penetrating (in aphakia).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2221 Corneal Transplantation
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2221 Corneal Transplantation
65756	Keratoplasty (corneal transplant); endothelial.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2221 Corneal Transplantation
65770	Keratoprosthesis.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2221 Corneal Transplantation
66999	Unlisted procedure, anterior segment of eye	Prior Authorization is required	
67299	Unlisted procedure, posterior segment	Prior Authorization is required	
67345	DESTROY NERVE OF EYE MUSCLE	Prior Authorization is required	
67399	Unlisted procedure, extraocular muscle	Prior Authorization is required	
67599	Unlisted procedure, orbit	Prior Authorization is required	
67901	REPAIR EYELID DEFECT	Prior Authorization is required	
67902	REPAIR EYELID DEFECT	Prior Authorization is required	
67903	REPAIR EYELID DEFECT	Prior Authorization is required	
67904	REPAIR EYELID DEFECT	Prior Authorization is required	
67908	REPAIR EYELID DEFECT	Prior Authorization is required	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	Prior Authorization is required.	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	Prior Authorization is required.	
67999	Unlisted procedure, eyelids	Prior Authorization is required	
68399	Unlisted procedure, conjunctiva	Prior Authorization is required	
68899	Unlisted procedure, lacrimal system	Prior Authorization is required	
69090	Ear piercing	Prior Authorization is required	
69300	Otoplasty, protruding ear, with or without size reduction	Prior Authorization is required	
69399	Unlisted procedure, external ear	Prior Authorization is required	

69799	Unlisted procedure, middle ea	Prior Authorization is required	
69949	Unlisted procedure, inner ear	Prior Authorization is required	
69979	Unlisted procedure, temporal bone, middle fossa approach	Prior Authorization is required	
70336	MAGNETIC IMAGE JAW JOINT	Prior Authorization is managed by Health Help	
70450	CT HEAD/BRAIN W/O DYE	Prior Authorization is managed by Health Help	
70460	CT HEAD/BRAIN W/DYE	Prior Authorization is managed by Health Help	
70470	CT HEAD/BRAIN W/O & W/DYE	Prior Authorization is managed by Health Help	
70480	CT ORBIT/EAR/FOSSA W/O DYE	Prior Authorization is managed by Health Help	
70481	CT ORBIT/EAR/FOSSA W/DYE	Prior Authorization is managed by Health Help	
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	Prior Authorization is managed by Health Help	
70486	CT MAXILLOFACIAL W/O DYE	Prior Authorization is managed by Health Help	
70487	CT MAXILLOFACIAL W/DYE	Prior Authorization is managed by Health Help	
70488	CT MAXILLOFACIAL W/O & W/DYE	Prior Authorization is managed by Health Help	
70490	CT SOFT TISSUE NECK W/O DYE	Prior Authorization is managed by Health Help	
70491	CT SOFT TISSUE NECK W/DYE	Prior Authorization is managed by Health Help	
70492	CT SFT TSUE NCK W/O & W/DYE	Prior Authorization is managed by Health Help	
70496	CT ANGIOGRAPHY HEAD	Prior Authorization is managed by Health Help	
70498	CT ANGIOGRAPHY NECK	Prior Authorization is managed by Health Help	
70540	MRI ORBIT/FACE/NECK W/O DYE	Prior Authorization is managed by Health Help	
70542	MRI ORBIT/FACE/NECK W/DYE	Prior Authorization is managed by Health Help	
70543	MRI ORBT/FAC/NCK W/O &W/DYE	Prior Authorization is managed by Health Help	
70544	MR ANGIOGRAPHY HEAD W/O DYE	Prior Authorization is managed by Health Help	
70545	MR ANGIOGRAPHY HEAD W/DYE	Prior Authorization is managed by Health Help	
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	Prior Authorization is managed by Health Help	
70547	MR ANGIOGRAPHY NECK W/O DYE	Prior Authorization is managed by Health Help	
70548	MR ANGIOGRAPHY NECK W/DYE	Prior Authorization is managed by Health Help	
70549	MR ANGIOGRAPH NECK W/O&W/DYE	Prior Authorization is managed by Health Help	
70551	MRI BRAIN STEM W/O DYE	Prior Authorization is managed by Health Help	
70552	MRI BRAIN STEM W/DYE	Prior Authorization is managed by Health Help	
70553	MRI BRAIN STEM W/O & W/DYE	Prior Authorization is managed by Health Help	
70554	FMRI BRAIN BY TECH	Prior Authorization is managed by Health Help	
70555	FMRI BRAIN BY PHYS/PSYCH	Prior Authorization is managed by Health Help	
71250	CT THORAX W/O DYE	Prior Authorization is managed by Health Help	
71260	CT THORAX W/DYE	Prior Authorization is managed by Health Help	
71270	CT THORAX W/O & W/DYE	Prior Authorization is managed by Health Help	
71271	Low Dose CT for Lung Cancer Screening	Prior Authorization is managed by Health Help	
71275	CT ANGIOGRAPHY CHEST	Prior Authorization is managed by Health Help	
71550	MRI CHEST W/O DYE	Prior Authorization is managed by Health Help	
71551	MRI CHEST W/DYE	Prior Authorization is managed by Health Help	
71552	MRI CHEST W/O & W/DYE	Prior Authorization is managed by Health Help	
71555	MRI ANGIO CHEST W OR W/O DYE	Prior Authorization is managed by Health Help	
72125	CT NECK SPINE W/O DYE	Prior Authorization is managed by Health Help	
72126	CT NECK SPINE W/DYE	Prior Authorization is managed by Health Help	
72127	CT NECK SPINE W/O & W/DYE	Prior Authorization is managed by Health Help	
72128	CT CHEST SPINE W/O DYE	Prior Authorization is managed by Health Help	
72129	CT CHEST SPINE W/DYE	Prior Authorization is managed by Health Help	
72130	CT CHEST SPINE W/O & W/DYE	Prior Authorization is managed by Health Help	
72131	CT LUMBAR SPINE W/O DYE	Prior Authorization is managed by Health Help	
72132	CT LUMBAR SPINE W/DYE	Prior Authorization is managed by Health Help	
72133	CT LUMBAR SPINE W/O & W/DYE	Prior Authorization is managed by Health Help	
72141	MRI NECK SPINE W/O DYE	Prior Authorization is managed by Health Help	
72142	MRI NECK SPINE W/DYE	Prior Authorization is managed by Health Help	
72146	MRI CHEST SPINE W/O DYE	Prior Authorization is managed by Health Help	
72147	MRI CHEST SPINE W/DYE	Prior Authorization is managed by Health Help	
72148	MRI LUMBAR SPINE W/O DYE	Prior Authorization is managed by Health Help	
72149	MRI LUMBAR SPINE W/DYE	Prior Authorization is managed by Health Help	
72156	MRI NECK SPINE W/O & W/DYE	Prior Authorization is managed by Health Help	
72157	MRI CHEST SPINE W/O & W/DYE	Prior Authorization is managed by Health Help	
72158	MRI LUMBAR SPINE W/O & W/DYE	Prior Authorization is managed by Health Help	
72159	MR ANGIO SPINE W/O&W/DYE	Prior Authorization is managed by Health Help	
72191	CT ANGIOGRAPH PELV W/O&W/DYE	Prior Authorization is managed by Health Help	
72192	CT PELVIS W/O DYE	Prior Authorization is managed by Health Help	
72193	CT PELVIS W/DYE	Prior Authorization is managed by Health Help	
72194	CT PELVIS W/O & W/DYE	Prior Authorization is managed by Health Help	
72195	MRI PELVIS W/O DYE	Prior Authorization is managed by Health Help	
72196	MRI PELVIS W/DYE	Prior Authorization is managed by Health Help	
72197	MRI PELVIS W/O & W/DYE	Prior Authorization is managed by Health Help	
72198	MR ANGIO PELVIS W/O & W/DYE	Prior Authorization is managed by Health Help	
73200	CT UPPER EXTREMITY W/O DYE	Prior Authorization is managed by Health Help	
73201	CT UPPER EXTREMITY W/DYE	Prior Authorization is managed by Health Help	
73202	CT UPPR EXTREMITY W/O&W/DYE	Prior Authorization is managed by Health Help	
73206	CT ANGIO UPR EXTRM W/O&W/DYE	Prior Authorization is managed by Health Help	

73218	MRI UPPER EXTREMITY W/O DYE	Prior Authorization is managed by Health Help	
73219	MRI UPPER EXTREMITY W/DYE	Prior Authorization is managed by Health Help	
73220	MRI UPPR EXTREMITY W/O&W/DYE	Prior Authorization is managed by Health Help	
73221	MRI JOINT UPR EXTREM W/O DYE	Prior Authorization is managed by Health Help	
73222	MRI JOINT UPR EXTREM W/DYE	Prior Authorization is managed by Health Help	
73223	MRI JOINT UPR EXTR W/O&W/DYE	Prior Authorization is managed by Health Help	
73225	MR ANGIO UPR EXTR W/O&W/DYE	Prior Authorization is managed by Health Help	
73700	CT LOWER EXTREMITY W/O DYE	Prior Authorization is managed by Health Help	
73701	CT LOWER EXTREMITY W/DYE	Prior Authorization is managed by Health Help	
73702	CT LWR EXTREMITY W/O&W/DYE	Prior Authorization is managed by Health Help	
73706	CT ANGIO LWR EXTR W/O&W/DYE	Prior Authorization is managed by Health Help	
73718	MRI LOWER EXTREMITY W/O DYE	Prior Authorization is managed by Health Help	
73719	MRI LOWER EXTREMITY W/DYE	Prior Authorization is managed by Health Help	
73720	MRI LWR EXTREMITY W/O&W/DYE	Prior Authorization is managed by Health Help	
73721	MRI JNT OF LWR EXTR W/O DYE	Prior Authorization is managed by Health Help	
73722	MRI JOINT OF LWR EXTR W/DYE	Prior Authorization is managed by Health Help	
73723	MRI JOINT LWR EXTR W/O&W/DYE	Prior Authorization is managed by Health Help	
73725	MR ANG LWR EXT W OR W/O DYE	Prior Authorization is managed by Health Help	
74150	CT ABDOMEN W/O DYE	Prior Authorization is managed by Health Help	
74160	CT ABDOMEN W/DYE	Prior Authorization is managed by Health Help	
74170	CT ABDOMEN W/O & W/DYE	Prior Authorization is managed by Health Help	
74174	CT ANGIO ABD&PELV W/O&W/DYE	Prior Authorization is managed by Health Help	
74175	CT ANGIO ABDOM W/O & W/DYE	Prior Authorization is managed by Health Help	
74176	CT ABD & PELVIS W/O CONTRAST	Prior Authorization is managed by Health Help	
74177	CT ABD & PELV W/CONTRAST	Prior Authorization is managed by Health Help	
74178	CT ABD & PELV 1/> REGNS	Prior Authorization is managed by Health Help	
74181	MRI ABDOMEN W/O DYE	Prior Authorization is managed by Health Help	
74182	MRI ABDOMEN W/DYE	Prior Authorization is managed by Health Help	
74183	MRI ABDOMEN W/O & W/DYE	Prior Authorization is managed by Health Help	
74185	MRI ANGIO ABDOM W ORW/O DYE	Prior Authorization is managed by Health Help	
74261	CT COLONOGRAPHY DX	Prior Authorization is managed by Health Help	
74262	CT COLONOGRAPHY DX W/DYE	Prior Authorization is managed by Health Help	
75557	CARDIAC MRI FOR MORPH	Prior Authorization is managed by Health Help	
75559	CARDIAC MRI W/STRESS IMG	Prior Authorization is managed by Health Help	
75561	CARDIAC MRI FOR MORPH W/DYE	Prior Authorization is managed by Health Help	
75563	CARD MRI W/STRESS IMG & DYE	Prior Authorization is managed by Health Help	
75571	CT HRT W/O DYE W/CA TEST	Prior Authorization is managed by Health Help	
75572	CT HRT W/3D IMAGE	Prior Authorization is managed by Health Help	
75573	CT HRT W/3D IMAGE CONGEN	Prior Authorization is managed by Health Help	
75574	CT ANGIO HRT W/3D IMAGE	Prior Authorization is managed by Health Help	
75635	CT ANGIO ABDOMINAL ARTERIES	Prior Authorization is managed by Health Help	
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	Prior Authorization is required	
76497	CT PROCEDURE	Prior Authorization is required	
76498	MRI PROCEDURE	Prior Authorization is required	
76499	Unlisted diagnostic radiographic procedure	Prior Authorization is required	
76942	Ultrasonic guidance for needle placement ( e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
76998	Ultrasonic guidance, intraoperative.	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	Prior Authorization is required	
77046	MRI, Breast without contrast; unilateral	Prior Authorization is managed by Health Help	
77047	MRI, Breast without contrast; bilateral	Prior Authorization is managed by Health Help	
77048	MRI, Breast with and without contrast; unilateral	Prior Authorization is managed by Health Help	
77049	MRI, Breast with and without contrast; bilateral	Prior Authorization is managed by Health Help	
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Prior Authorization is required.	
77084	MAGNETIC IMAGE BONE MARROW	Prior Authorization is managed by Health Help	
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	Prior Authorization is required.	
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	Prior Authorization is required	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS)	Prior Authorization is managed by Health Help	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS)	Prior Authorization is managed by Health Help	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions	Prior Authorization is managed by Health Help	
77385	Intensity modulated radiation treatment delivery (IMRT)	Prior Authorization is managed by Health Help	
77386	Intensity modulated radiation treatment delivery (IMRT)	Prior Authorization is managed by Health Help	
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Prior Authorization is required	

77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Prior Authorization is managed by Health Help	
77402	Radiation treatment delivery, >= 1 MeV; simple	Prior Authorization is managed by Health Help	
77407	Radiation treatment delivery, >= 1 MeV; intermediate	Prior Authorization is managed by Health Help	
77412	Radiation treatment delivery, >= 1 MeV; complex	Prior Authorization is managed by Health Help	
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s)	Prior Authorization is managed by Health Help	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Prior Authorization is managed by Health Help	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Prior Authorization is managed by Health Help	
77499	Unlisted procedure, therapeutic radiology treatment management	Prior Authorization is required	
77520	Proton treatment delivery; simple, without compensation	Prior Authorization is managed by Health Help	
77522	Proton treatment delivery; simple, with compensation	Prior Authorization is managed by Health Help	
77523	Proton treatment delivery; intermediate	Prior Authorization is managed by Health Help	
77525	Proton treatment delivery; complex	Prior Authorization is managed by Health Help	
77750	Infusion or instillation of radioelement solution	Prior Authorization is managed by Health Help	
77761	Intracavitary radiation source application; simple	Prior Authorization is managed by Health Help	
77762	Intracavitary radiation source application; intermediate	Prior Authorization is managed by Health Help	
77763	Intracavitary radiation source application; complex	Prior Authorization is managed by Health Help	
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy	Prior Authorization is managed by Health Help	
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy	Prior Authorization is managed by Health Help	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy	Prior Authorization is managed by Health Help	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy	Prior Authorization is managed by Health Help	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy	Prior Authorization is managed by Health Help	
77778	Interstitial radiation source application, complex, includes supervision	Prior Authorization is managed by Health Help	
77789	Surface application of low dose rate radionuclide source	Prior Authorization is managed by Health Help	
77799	Unlisted procedure, clinical brachytherapy	Prior Authorization is required	
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	Prior Authorization is required	
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	Prior Authorization is required	
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	Prior Authorization is required	
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	Prior Authorization is required	
78451	HT MUSCLE IMAGE SPECT SING	Prior Authorization is managed by Health Help	
78452	HT MUSCLE IMAGE SPECT MULT	Prior Authorization is managed by Health Help	
78453	HT MUSCLE IMAGE PLANAR SING	Prior Authorization is managed by Health Help	
78454	HT MUSC IMAGE PLANAR MULT	Prior Authorization is managed by Health Help	
78459	MYOCARDIAL IMAGING (PET)	Prior Authorization is managed by Health Help	
78466	HEART INFARCT IMAGE	Prior Authorization is managed by Health Help	
78469	HEART INFARCT IMAGE (3D)	Prior Authorization is managed by Health Help	
78472	GATED HEART PLANAR SINGLE	Prior Authorization is managed by Health Help	
78473	GATED HEART MULTIPLE	Prior Authorization is managed by Health Help	
78481	HEART FIRST PASS SINGLE	Prior Authorization is managed by Health Help	
78483	HEART FIRST PASS MULTIPLE	Prior Authorization is managed by Health Help	
78491	HEART IMAGE (PET) SINGLE	Prior Authorization is managed by Health Help	
78492	HEART IMAGE (PET) MULTIPLE	Prior Authorization is managed by Health Help	
78494	HEART IMAGE SPECT	Prior Authorization is managed by Health Help	
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	Prior Authorization is required	
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	Prior Authorization is required	
78608	BRAIN IMAGING (PET)	Prior Authorization is managed by Health Help	
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	Prior Authorization is required	
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	Prior Authorization is required	
78800	Radio pharmaceutical localization of tumor, limited area	Prior Authorization is required	
78801	Radio pharmaceutical localization of tumor, multiple areas	Prior Authorization is required	
78811	PET IMAGE LTD AREA	Prior Authorization is managed by Health Help	
78812	PET IMAGE SKULL-THIGH	Prior Authorization is managed by Health Help	
78813	PET IMAGE FULL BODY	Prior Authorization is managed by Health Help	
78814	PET IMAGE W/CT LMTD	Prior Authorization is managed by Health Help	
78815	PET IMAGE W/CT SKULL-THIGH	Prior Authorization is managed by Health Help	
78816	PET IMAGE W/CT FULL BODY	Prior Authorization is managed by Health Help	
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	Prior Authorization is required	

79999	Radio pharmaceutical therapy, unlisted procedure	Prior Authorization is required	
81161	DMD DELETION ANALYSIS	Prior Authorization is required	
81162	BRCA1, BRCA2	Prior Authorization is required	
81163	BRCA1, BRCA2	Prior Authorization is required	
81164	BRCA1, BRCA2	Prior Authorization is required	
81165	BRCA1, BRCA2	Prior Authorization is required	
81166	BRCA1	Prior Authorization is required	
81167	BRCA2	Prior Authorization is required	
81170	ABL1	Prior Authorization is required	
81201	APC GENE FULL SEQUENCE	Prior Authorization is required	
81202	APC GENE KNOWN FAM VARIANTS	Prior Authorization is required	
81203	APC GENE DUP/DELET VARIANTS	Prior Authorization is required	
81206	BCR/ABL1	Prior Authorization is required	
81207	BCR/ABL1	Prior Authorization is required	
81208	BCR/ABL1	Prior Authorization is required	
81210	BRAF	Prior Authorization is required	
81211	BRCA1, BRCA2	Prior Authorization is required	
81212	BRCA1, BRCA2	Prior Authorization is required	
81213	BRCA1, BRCA2	Prior Authorization is required	
81214	BRCA1	Prior Authorization is required	
81215	BRCA1	Prior Authorization is required	
81216	BRCA2	Prior Authorization is required	
81217	BRCA2	Prior Authorization is required	
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS	Prior Authorization is required	
81235	EGFR	Prior Authorization is required	
81240	F2 GENE ANALYSIS	Prior Authorization is required	
81241	F5 GENE ANALYSIS	Prior Authorization is required	
81242	FANCC	Prior Authorization is required	
81243	FMR1	Prior Authorization is required	
81244	FMR1	Prior Authorization is required	
81245	FLT3	Prior Authorization is required	
81246	FLT3	Prior Authorization is required	
81255	HEXA	Prior Authorization is required	
81256	HFE	Prior Authorization is required	
81257	HBA1/HBA2	Prior Authorization is required	
81261	IGH@	Prior Authorization is required	
81262	IGH@	Prior Authorization is required	
81263	IGH@	Prior Authorization is required	
81264	IGK@	Prior Authorization is required	
81265	STR MARKERS	Prior Authorization is required	
81266	STR MARKERS	Prior Authorization is required	
81267	CHIMERISM	Prior Authorization is required	
81268	CHIMERISM	Prior Authorization is required	
81270	JAK2	Prior Authorization is required	
81272	KIT	Prior Authorization is required	
81275	KRAS	Prior Authorization is required	
81276	KRAS	Prior Authorization is required	
81288	MLH1 GENE	Prior Authorization is required	
81290	MCOLN1	Prior Authorization is required	
81291	MTHFR	Prior Authorization is required	
81292	MLH1 GENE FULL SEQ	Prior Authorization is required	
81293	MLH1 GENE KNOWN VARIANTS	Prior Authorization is required	
81294	MLH1 GENE DUP/DELETE VARIANT	Prior Authorization is required	
81295	MSH2 GENE FULL SEQ	Prior Authorization is required	
81296	MSH2 GENE KNOWN VARIANTS	Prior Authorization is required	
81297	MSH2 GENE DUP/DELETE VARIANT	Prior Authorization is required	
81298	MSH6 GENE FULL SEQ	Prior Authorization is required	
81299	MSH6 GENE KNOWN VARIANTS	Prior Authorization is required	
81300	MSH6 GENE DUP/DELETE VARIANT	Prior Authorization is required	
81301	MICROSATELLITE INSTABILITY	Prior Authorization is required	
81317	PMS2 GENE FULL SEQ ANALYSIS	Prior Authorization is required	
81318	PMS2 KNOWN FAMILIAL VARIANTS	Prior Authorization is required	
81319	PMS2 GENE DUP/DELET VARIANTS	Prior Authorization is required	
81321	PTEN	Prior Authorization is required	
81322	PTEN	Prior Authorization is required	
81323	PTEN	Prior Authorization is required	
81324	PMP22	Prior Authorization is required	
81325	PMP22	Prior Authorization is required	
81326	PMP22	Prior Authorization is required	
81331	SNRPN/UBE3A	Prior Authorization is required	
81332	SERPIN A1	Prior Authorization is required	
81340	TRB GENE REARRANGMENT ANALYSIS	Prior Authorization is required	

81342	TRG gene rearrangement analysis	Prior Authorization is required	
81400	MOPATH PROCEDURE LEVEL 1	Prior Authorization is required	
81401	MOPATH PROCEDURE LEVEL 2	Prior Authorization is required	
81402	MOPATH PROCEDURE LEVEL 3	Prior Authorization is required	
81403	MOPATH PROCEDURE LEVEL 4	Prior Authorization is required	
81405	MOPATH PROCEDURE LEVEL 6	Prior Authorization is required	
81406	MOPATH PROCEDURE LEVEL 7	Prior Authorization is required	
81407	MOPATH PROCEDURE LEVEL 8	Prior Authorization is required	
81410	AORTIC DYSFUNCTION OR DILATION PANEL	Prior Authorization is required	
81411	AORTIC DYSFUNCTION OR DILATION PANEL	Prior Authorization is required	
81412	ASHKENAZI JEWISH ASSOCIATED DISORDER PANEL	Prior Authorization is required	
81415	EXOME SEQUENCE ANALYSIS	Prior Authorization is required	
81420	FETAL CHROMOL ANEUPLOIDY	Prior Authorization is required	
81432	HEREDITARY BREAST CA	Prior Authorization is required	
81433	HEREDITARY BREAST CA	Prior Authorization is required	
81434	HEREDITARY RETINAL DISORDERS PANEL	Prior Authorization is required	
81435	HEREDITARY COLON CA	Prior Authorization is required	
81436	HEREDITARY COLON CA	Prior Authorization is required	
81437	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS	Prior Authorization is required	
81438	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS	Prior Authorization is required	
81442	NOONAN SPECTRUM DISORDERS	Prior Authorization is required	
81479	UNLISTED MOLECULAR PATHOLOGY	Prior Authorization is required	
81507	FETAL ANEUPLOIDY TRISOM RISK	Prior Authorization is required	
81519	ONCOLOGY BREAST mRNA	Prior Authorization is required	
81520	ONCOLOGY – BREAST mRNA	Prior Authorization is required	
81521	ONCOLOGY – BREAST mRNA	Prior Authorization is required	
81539	Oncology (high-grade prostate cancer)	Prior Authorization is required	
81541	ONCOLOGY PROSTATE mRNA	Prior Authorization is required	
81595	CARDIOLOGY – MRNA	Prior Authorization is required	
81599	UNLISTED MAAA	Prior Authorization is required	
84999	UNLISTED CHEM PROCEDURE	Prior Authorization is required	
85999	Unlisted hematology and coagulation procedure	Prior Authorization is required	
86999	Unlisted transfusion medicine procedure	Prior Authorization is required	
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen	Prior Authorization is required	
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen	Prior Authorization is required	
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen	Prior Authorization is required	
87999	Unlisted microbiology procedure	Prior Authorization is required	
88299	UNLISTED CYTOGENIC STUDY	Prior Authorization is required	
88363	EXAM AND SELECTION OF RETRIEVED TISSUES	Prior Authorization is required	
88365	IN SITU HYBRIDIZATION	Prior Authorization is required	
88374	Morphometric analysis, in situ hybridization	Prior Authorization is required	
88377	Morphometric analysis, in situ hybridization	Prior Authorization is required	
88380	MICRODISSECTION CARDIAC ION PANEL	Prior Authorization is required	
89240	Unlisted miscellaneous pathology test	Prior Authorization is required	
90288	Botulism immune globulin, human, for intravenous use	Prior Authorization is required	
90378	Respiratory syncytial virus immune globulin(RSV-IgIM), for intramuscular use, 50 mg., each	Prior Authorization is required	
90399	Unlisted immune globulin	Prior Authorization is required	
90749	Unlisted vaccine/toxoid	Prior Authorization is required	
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	Prior Authorization is required	
90999	Unlisted dialysis procedure, inpatient or outpatient	Prior Authorization is required	
91110	GI TRACT CAPSULE ENDOSCOPY	Prior Authorization is required	
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT	Prior Authorization is required	
91299	Unlisted diagnostic gastroenterology procedure	Prior Authorization is required	
92499	Unlisted ophthalmological service or procedure	Prior Authorization is required	
92507	Treatment of speech, language, voice, communication, and/or auditory	Prior Authorization is managed by Health Help	
92508	Treatment of speech, language, voice, communication, and/or auditory	Prior Authorization is managed by Health Help	

92526	Treatment of swallowing dysfunction and/or oral function for feeding	Prior Authorization is managed by Health Help	
92606	Therapeutic service(s) for the use of non-speech-generating device	Prior Authorization is managed by Health Help	
92612	Flexible endoscopic evaluation of swallowing	Prior Authorization is managed by Health Help	
92613	Flexible endoscopic evaluation of swallowing	Prior Authorization is managed by Health Help	
92614	Flexible endoscopic evaluation, laryngeal sensory testing	Prior Authorization is managed by Health Help	
92615	Flexible endoscopic evaluation, laryngeal sensory testing	Prior Authorization is managed by Health Help	
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory	Prior Authorization is managed by Health Help	
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory	Prior Authorization is managed by Health Help	
93241	External electrocardiographic recording for more than 48 hours up to 7 days	Prior Authorization is required	
93242	External electrocardiographic recording for more than 48 hours up to 7 days	Prior Authorization is required	
93243	External electrocardiographic recording for more than 48 hours up to 7 days	Prior Authorization is required	
93244	External electrocardiographic recording for more than 48 hours up to 7 days	Prior Authorization is required	
93245	External electrocardiographic recording for more than 7 days up to 15 days	Prior Authorization is required	
93246	External electrocardiographic recording for more than 7 days up to 15 days	Prior Authorization is required	
93247	External electrocardiographic recording for more than 7 days up to 15 days	Prior Authorization is required	
93248	External electrocardiographic recording for more than 7 days up to 15 days	Prior Authorization is required	
93292	WCD DEVICE INTERROGATE	Prior Authorization is required	
93600	Bundle of His recording	Prior Authorization is managed by Health Help	
93602	Intra-atrial recording	Prior Authorization is managed by Health Help	
93603	Right ventricular recording	Prior Authorization is managed by Health Help	
93610	Intra-atrial pacing	Prior Authorization is managed by Health Help	
93612	Intraventricular pacing	Prior Authorization is managed by Health Help	
93618	Induction of arrhythmia by electrical pacing	Prior Authorization is managed by Health Help	
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording	Prior Authorization is managed by Health Help	
93620	Comprehensive electrophysiologic evaluation including insertion/repositioning of multiple electrode catheters	Prior Authorization is managed by Health Help	
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy	Prior Authorization is managed by Health Help	
93631	Intra-operative epicardial and endocardial pacing and mapping	Prior Authorization is managed by Health Help	
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator	Prior Authorization is managed by Health Help	
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator	Prior Authorization is managed by Health Help	
93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator	Prior Authorization is managed by Health Help	
93644	Electrophysiologic evaluation of subcutaneous implantable defib	Prior Authorization is managed by Health Help	
93650	Intracardiac catheter ablation of atrioventricular node function	Prior Authorization is managed by Health Help	
93653	Comprehensive electrophysiologic eval w/ insertion/repositioning of multiple electrode catheters	Prior Authorization is managed by Health Help	
93654	Comprehensive electrophysiologic eval w/ insertion/repositioning of multiple electrode catheters	Prior Authorization is managed by Health Help	
93656	Comprehensive electrophysiologic eval w/ insertion/repositioning of multiple electrode catheters	Prior Authorization is managed by Health Help	
93668	PAD REHAB, PER SESSION	Prior Authorization is required	
93797	Outpatient cardiac rehabilitation; without continuous ECG monitoring <i>** Program Exception</i>	Prior Authorization is required	
93798	Outpatient cardiac rehabilitation with continuous ECG monitoring (per session)	Prior Authorization is required	
93799	Unlisted cardiovascular service or procedure	Prior Authorization is required	
93998	Unlisted noninvasive vascular diagnostic study	Prior Authorization is required	
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation	Prior Authorization is required	
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation	Prior Authorization is required	
94799	Unlisted pulmonary service or procedure	Prior Authorization is required	
95199	Unlisted allergy/clinical immunologic service or procedure	Prior Authorization is required	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation	Prior Authorization is managed by Health Help	
95807	Sleep study, simultaneous recording; attended by a technologist	Prior Authorization is managed by Health Help	
95808	Polysomnography; any age, sleep staging w/ 1-3 additional parameters of sleep, attended	Prior Authorization is managed by Health Help	

95810	Polysomnography; age 6 years or older, sleep staging w/ 4+ parameters of sleep, attended	Prior Authorization is managed by Health Help	
95811	Polysomnography; age 6 years or older, sleep staging w/ 4+ parameters of sleep, attended	Prior Authorization is managed by Health Help	
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures, initial hour of physician attendance	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
95970	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurement(s), simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) Neurostimulator pulse generator/transmitter, without reprogramming	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group(s), interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group(s), interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group(s), interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face with physician or other qualified health care professional	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group(s), interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face with physician or other qualified health care professional	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2009-001-Deep Brain Stimulation
95999	Unlisted neurological or neuromuscular diagnostic procedure	Prior Authorization is required	
96105	Assessment of aphasia with interpretation and report, per hour	Prior Authorization is managed by Health Help	
96112	Developmental test administration by qualified professional with interpretation and report, first hour	Prior Authorization is required	
96113	Developmental test administration by qualified professional with interpretation and report, each additional 30 minutes	Prior Authorization is required	
96116	Developmental Testing Neurobehavioral status exam, administration, face to face time with patient and time interpreting test results and preparing report	Prior Authorization is required	
96125	Standardized cognitive performance testing per hour	Prior Authorization is managed by Health Help	
96130	Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, first hour	Prior Authorization is required	
96131	Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, each subsequent hour.	Prior Authorization is required	
96132	Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and caregivers, first hour.	Prior Authorization is required	
96133	Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and caregivers, each additional hour.	Prior Authorization is required	

96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, first 30 minutes.	Prior Authorization is required	
96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, Each additional 30 minutes.	Prior Authorization is required	
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only, event.	Prior Authorization is required	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis	Prior Authorization is required	
96549	Unlisted chemotherapy procedure	Prior Authorization is required	
96900	Actinotherapy (ultraviolet light)	Prior Authorization is required	
96999	Unlisted special dermatological service or procedure	Prior Authorization is required	
97039	Unlisted modality (specify type and time if constant attendance)	Prior Authorization is required	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes	Prior Authorization is managed by Health Help	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes	Prior Authorization is managed by Health Help	
97113	Therapeutic procedure, 1 or more areas, each 15 minutes	Prior Authorization is managed by Health Help	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes	Prior Authorization is managed by Health Help	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes, massage	Prior Authorization is managed by Health Help	
97129	Therapeutic interventions that focus on cognitive function	Prior Authorization is managed by Health Help	
97139	Unlisted therapeutic procedure (specify)	Prior Authorization is required	
97140	Manual therapy techniques, 1 or more regions, each 15 minutes	Prior Authorization is managed by Health Help	
97150	Therapeutic procedure(s), group (2 or more individuals)	Prior Authorization is managed by Health Help	
97530	Therapeutic activities, direct (one-on-one) patient contact	Prior Authorization is managed by Health Help	
97533	Sensory integrative techniques, direct (one-on-one) patient contact	Prior Authorization is managed by Health Help	
97535	Self-care/home management training; direct one-on-one contact	Prior Authorization is managed by Health Help	
97537	Community/work reintegration training; direct one-on-one contact	Prior Authorization is managed by Health Help	
97542	Wheelchair management (eg, assessment, fitting, training)	Prior Authorization is managed by Health Help	
97605	NEGATIVE PRESSURE WOUND THERAPY; TOTAL WOUND SURFACE AREA <= 50 SQ	Prior Authorization is required	
97606	NEGATIVE PRESSURE WOUND THERAPY; TOTAL WOUND SURFACE AREA > 50 SQ CM	Prior Authorization is required	
97750	Physical performance test or measurement, with written report	Prior Authorization is managed by Health Help	
97755	Assistive technology assessment, direct one-on-one contact	Prior Authorization is managed by Health Help	
97760	Orthotic(s) management and training, upper/lower extremity(s)	Prior Authorization is managed by Health Help	
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	Prior Authorization is managed by Health Help	
97763	Orthotic prosthetic management and/or training upper/lower extremity	Prior Authorization is managed by Health Help	
97799	Unlisted physical medicine/rehabilitation service or procedure	Prior Authorization is required	
98925	OSTEOPATH MANJ 1-2 REGIONS	Prior Authorization is required	
98926	OSTEOPATH MANJ 3-4 REGIONS	Prior Authorization is required	
98927	OSTEOPATH MANJ 5-6 REGIONS	Prior Authorization is required	
98928	OSTEOPATH MANJ 7-8 REGIONS	Prior Authorization is required	
98929	OSTEOPATH MANJ 9-10 REGIONS	Prior Authorization is required	
98940	CHIROPRACT MANJ 1-2 REGIONS	Prior Authorization is required	
98941	CHIROPRACT MANJ 3-4 REGIONS	Prior Authorization is required	
98942	CHIROPRACTIC MANJ 5 REGIONS	Prior Authorization is required	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Prior Authorization is required	
99199	Unlisted special service, procedure or report	Prior Authorization is required	
99499	Unlisted evaluation and management service	Prior Authorization is required	
A0021	Ambulance Service, Outside state per mile, transport (Medicaid only)	Prior Authorization is required. Reference policies for additional information	HHO-WV-RP-2121 Transportation Ambulance
A0430	Ambulance Service, Conventional Air Services, transport, One way (fixed wing)	Prior Authorization is required. Reference policies for additional information	HHO-WV-RP-2121 Transportation Ambulance
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (rotary Wing)	Prior Authorization is required. Reference policies for additional information	HHO-WV-RP-2121 Transportation Ambulance
A0435	Fixed Wing Air Mileage, Per statute mile	Prior Authorization is required. Reference policies for additional information	HHO-WV-RP-2121 Transportation Ambulance
A0436	Rotary Wing Air Mileage, Per Statute Mile	Prior Authorization is required. Reference policies for additional information	HHO-WV-RP-2121 Transportation Ambulance
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP	Prior Authorization is required	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	Prior Authorization is required	

A7001	Canister, nondisposable	Prior Authorization is required	
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT	Prior Authorization is required	
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT	Prior Authorization is required	
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi.	Prior Authorization is required	
A9590	Iodine I-131, iobenguane, 1 mCi	Prior Authorization is required	
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Prior Authorization is required	
C9132	Prothrombin complex concentrate (human), per i.u. of factor ix activity	Prior Authorization is required	
C9140	Injection, factor VIII (antihemophilic factor, recombinant), 1 IU	Prior Authorization is required	
E0277	Powered pressure-reducing air mattress	Prior Authorization is required	
E0470	RAD W/O BACKUP NON-INV INTFC	Prior Authorization is managed by Health Help	
E0471	RAD W/BACKUP NON INV INTFC	Prior Authorization is managed by Health Help	
E0483	CHEST COMPRESSION GEN SYSTEM	Prior Authorization is required	
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE	Prior Authorization is required	
E0601	Continuous positive airway pressure (CPAP) device	Prior Authorization is managed by Health Help	
E0671	PRESSURE PNEUM APPL FULL LEG	Prior Authorization is required	
E0747	OSTEOGENESIS STIMULATOR	Prior Authorization is required	
E0748	OSTEOGENESIS STIMULATOR	Prior Authorization is required	
E0760	OSTEOGENESIS STIMULATOR	Prior Authorization is required	
E0784	EXT AMB INFUS PUMP INSULIN	Prior Authorization is required	
E0950	TRAY	Prior Authorization is required	
E0955	CUSHIONED HEADREST	Prior Authorization is required	
E0957	W/C MEDIAL THIGH SUPPORT	Prior Authorization is required	
E0958	WHLCHR ATT- CONV 1 ARM DRIVE	Prior Authorization is required	
E0960	W/C SHOULDER HARNESS/STRAPS	Prior Authorization is required	
E0961	WHEELCHAIR BRAKE EXTENSION	Prior Authorization is required	
E0966	WHEELCHAIR HEAD REST EXTENSI	Prior Authorization is required	
E0973	W/CH ACCESS DET ADJ ARMREST	Prior Authorization is required	
E0974	W/CH ACCESS ANTI-ROLLBACK	Prior Authorization is required	
E0981	SEAT UPHOLSTERY, REPLACEMENT	Prior Authorization is required	
E0982	BACK UPHOLSTERY, REPLACEMENT	Prior Authorization is required	
E0983	ADD PWR JOYSTICK	Prior Authorization is required	
E0990	WHEELCHAIR ELEVATING LEG RES	Prior Authorization is required	
E0992	WHEELCHAIR SOLID SEAT INSERT	Prior Authorization is required	
E1002	PWR SEAT TILT	Prior Authorization is required	
E1004	PWR SEAT RECLINE MECH	Prior Authorization is required	
E1007	PWR SEAT COMBO W/SHEAR	Prior Authorization is required	
E1008	PWR SEAT COMBO PWR SHEAR	Prior Authorization is required	
E1010	ADD PWR LEG ELEVATION	Prior Authorization is required	
E1012	Manual wheelchair accessory, push-rim activated power assist system	Prior Authorization is required	
E1014	RECLINING BACK ADD PED W/C	Prior Authorization is required	
E1016	SHOCK ABSORBER FOR POWER W/C	Prior Authorization is required	
E1029	W/C VENT TRAY FIXED	Prior Authorization is required	
E1030	W/C VENT TRAY GIMBALED	Prior Authorization is required	
E1161	MANUAL ADULT WC W TILTINSPAC	Prior Authorization is required	
E1225	MANUAL SEMI-RECLINING BACK	Prior Authorization is required	
E1226	MANUAL FULLY RECLINING BACK	Prior Authorization is required	
E1232	FOLDING PED WC TILT-IN-SPACE	Prior Authorization is required	
E1233	RIG PED WCTLTNSPC W/O SEAT	Prior Authorization is required	
E1234	FLD PED WCTLTNSPC W/O SEAT	Prior Authorization is required	
E1235	RIGID PED WC ADJUSTABLE	Prior Authorization is required	
E1236	FOLDING PED WC ADJUSTABLE	Prior Authorization is required	
E1237	RGD PED WC ADJSTABL W/O SEAT	Prior Authorization is required	
E1238	FLD PED WC ADJSTABL W/O SEAT	Prior Authorization is required	
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Prior Authorization is required	
E2201	MAN W/CH ACC SEAT W=>20"<24"	Prior Authorization is required	
E2202	SEAT WIDTH 24-27 IN	Prior Authorization is required	
E2203	FRAME DEPTH LESS THAN 22 IN	Prior Authorization is required	
E2204	FRAME DEPTH 22 TO 25 IN	Prior Authorization is required	
E2205	MANUAL WC ACCESSORY, HANDRIM	Prior Authorization is required	
E2206	COMPLETE WHEEL LOCK ASSEMBLY	Prior Authorization is required	
E2207	CRUTCH AND CANE HOLDER	Prior Authorization is required	
E2208	CYLINDER TANK CARRIER	Prior Authorization is required	
E2209	ARM TROUGH EACH	Prior Authorization is required	
E2211	PNEUMATIC PROPULSION TIRE	Prior Authorization is required	
E2212	PNEUMATIC PROP TIRE TUBE	Prior Authorization is required	
E2213	PNEUMATIC PROP TIRE INSERT	Prior Authorization is required	
E2214	PNEUMATIC CASTER TIRE EACH	Prior Authorization is required	
E2215	PNEUMATIC CASTER TIRE TUBE	Prior Authorization is required	
E2217	FOAM FILLED CASTER TIRE EACH	Prior Authorization is required	

E2218	FOAM PROPULSION TIRE EACH	Prior Authorization is required	
E2219	FOAM CASTER TIRE ANY SIZE EA	Prior Authorization is required	
E2220	SOLID PROPULSION TIRE EACH	Prior Authorization is required	
E2221	SOLID CASTER TIRE EACH	Prior Authorization is required	
E2222	SOLID CASTER INTEGRATED WHL	Prior Authorization is required	
E2224	PROPELLION WHL EXCLUDES TIRE	Prior Authorization is required	
E2225	CASTER WHEEL EXCLUDES TIRE	Prior Authorization is required	
E2226	CASTER FORK REPLACEMENT ONLY	Prior Authorization is required	
E2231	Solid seat support base	Prior Authorization is required	
E2291	PLANAR BACK FOR PED SIZE WC	Prior Authorization is required	
E2292	PLANAR SEAT FOR PED SIZE WC	Prior Authorization is required	
E2293	CONTOUR BACK FOR PED SIZE WC	Prior Authorization is required	
E2294	CONTOUR SEAT FOR PED SIZE WC	Prior Authorization is required	
E2310	ELECTRO CONNECT BTW CONTROL	Prior Authorization is required	
E2311	ELECTRO CONNECT BTW 2 SYS	Prior Authorization is required	
E2312	Mini-prop remote joystick	Prior Authorization is required	
E2313	PWC HARNESS, EXPAND CONTROL	Prior Authorization is required	
E2321	HAND INTERFACE JOYSTICK	Prior Authorization is required	
E2323	SPECIAL JOYSTICK HANDLE	Prior Authorization is required	
E2326	Breath tube kit	Prior Authorization is required	
E2328	HEAD/EXTREMITY CONTROL INTER	Prior Authorization is required	
E2330	HEAD CONTROL PROXIMITY SWITC	Prior Authorization is required	
E2340	W/C WDTH 20-23 IN SEAT FRAME	Prior Authorization is required	
E2342	W/C DPTH 20-21 IN SEAT FRAME	Prior Authorization is required	
E2359	GR34 SEALED LEADACID BATTERY	Prior Authorization is required	
E2361	22NF SEALED LEADACID BATTERY	Prior Authorization is required	
E2362	GR24 NONSEALED LEADACID	Prior Authorization is required	
E2363	GR24 SEALED LEADACID BATTERY	Prior Authorization is required	
E2364	U1NONSEALED LEADACID BATTERY	Prior Authorization is required	
E2365	U1 SEALED LEADACID BATTERY	Prior Authorization is required	
E2366	BATTERY CHARGER, SINGLE MODE	Prior Authorization is required	
E2368	PWR WC DRIVEWHEEL MOTOR REPL	Prior Authorization is required	
E2369	PWR WC DRIVEWHEEL GEAR REPL	Prior Authorization is required	
E2370	PWR WC DR WH MOTOR/GEAR COMB	Prior Authorization is required	
E2373	HAND/CHIN CTRL SPEC JOYSTICK	Prior Authorization is required	
E2374	HAND/CHIN CTRL STD JOYSTICK	Prior Authorization is required	
E2375	NON-EXPANDABLE CONTROLLER	Prior Authorization is required	
E2376	EXPANDABLE CONTROLLER, REPL	Prior Authorization is required	
E2377	EXPANDABLE CONTROLLER, INITL	Prior Authorization is required	
E2381	PNEUM DRIVE WHEEL TIRE	Prior Authorization is required	
E2382	TUBE, PNEUM WHEEL DRIVE TIRE	Prior Authorization is required	
E2383	INSERT, PNEUM WHEEL DRIVE	Prior Authorization is required	
E2384	PNEUMATIC CASTER TIRE	Prior Authorization is required	
E2388	FOAM DRIVE WHEEL TIRE	Prior Authorization is required	
E2390	Solid drive wheel tire	Prior Authorization is required	
E2391	Solid caster tire	Prior Authorization is required	
E2394	Drive wheel excludes tire	Prior Authorization is required	
E2395	Caster wheel excludes tire	Prior Authorization is required	
E2396	Caster fork	Prior Authorization is required	
E2402	NEG PRESS WOUND THERAPY PUMP	Prior Authorization is required	
E2500	Speech generating device, digitized speech, using prerecorded	Prior Authorization is required	
E2502	Speech generating device, digitized speech, using prerecorded	Prior Authorization is required	
E2504	Speech generating device, digitized speech, using prerecorded	Prior Authorization is required	
E2506	Speech generating device, digitized speech, using prerecorded	Prior Authorization is required	
E2508	Speech generating device, synthesized speech	Prior Authorization is required	
E2510	Speech generating device, synthesized speech	Prior Authorization is required	
E2512	Accessory for speech generating device, mounting system	Prior Authorization is required	
E2601	GEN W/C CUSHION WDTH < 22 IN	Prior Authorization is required	
E2602	GEN W/C CUSHION WDTH >=22 IN	Prior Authorization is required	
E2603	SKIN PROTECT WC CUS WD <22IN	Prior Authorization is required	
E2604	SKIN PROTECT WC CUS WD>=22IN	Prior Authorization is required	
E2605	POSITION WC CUSH WDTH <22 IN	Prior Authorization is required	
E2606	POSITION WC CUSH WDTH>=22 IN	Prior Authorization is required	
E2607	SKIN PRO/POS WC CUS WD <22IN	Prior Authorization is required	
E2608	SKIN PRO/POS WC CUS WD>=22IN	Prior Authorization is required	
E2609	CUSTOM FABRICATE W/C CUSHION	Prior Authorization is required	
E2611	GEN USE BACK CUSH WDTH <22IN	Prior Authorization is required	
E2612	GEN USE BACK CUSH WDTH>=22IN	Prior Authorization is required	
E2613	POSITION BACK CUSH WD <22IN	Prior Authorization is required	
E2614	POSITION BACK CUSH WD>=22IN	Prior Authorization is required	
E2615	POS BACK POST/LAT WDTH <22IN	Prior Authorization is required	
E2616	POS BACK POST/LAT WDTH>=22IN	Prior Authorization is required	

E2617	CUSTOM FAB W/C BACK CUSHION	Prior Authorization is required	
E2619	REPLACE COVER W/C SEAT CUSH	Prior Authorization is required	
E2620	WC PLANAR BACK CUSH WD <22IN	Prior Authorization is required	
E2621	WC PLANAR BACK CUSH WD>22IN	Prior Authorization is required	
E2622	ADJ SKIN PRO W/C CUS WD<22IN	Prior Authorization is required	
E2623	ADJ SKIN PRO WC CUS WD>=22IN	Prior Authorization is required	
E2624	ADJ SKIN PRO/POS CUS<22IN	Prior Authorization is required	
E2625	ADJ SKIN PRO/POS WC CUS>=22	Prior Authorization is required	
G0237	THERAPEUTIC PROCD STRG ENDUR	Prior Authorization is required	
G0238	OTH RESP PROC, INDIV	Prior Authorization is required	
G0239	OTH RESP PROC, GROUP	Prior Authorization is required	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Prior Authorization is required	
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports	Prior Authorization is managed by Health Help	
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports	Prior Authorization is managed by Health Help	
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports	Prior Authorization is managed by Health Help	
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports	Prior Authorization is managed by Health Help	
G6007	Radiation treatment delivery, two separate treatment areas, three or more ports	Prior Authorization is managed by Health Help	
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports	Prior Authorization is managed by Health Help	
G6009	Radiation treatment delivery, two separate treatment areas, three or more ports	Prior Authorization is managed by Health Help	
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports	Prior Authorization is managed by Health Help	
G6011	Radiation treatment delivery, three or more separate treatment areas	Prior Authorization is managed by Health Help	
G6012	Radiation treatment delivery, three or more separate treatment areas	Prior Authorization is managed by Health Help	
G6013	Radiation treatment delivery, three or more separate treatment areas	Prior Authorization is managed by Health Help	
G6014	Radiation treatment delivery, three or more separate treatment areas	Prior Authorization is managed by Health Help	
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs	Prior Authorization is managed by Health Help	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment	Prior Authorization is managed by Health Help	
H0008	ALCOHOL & OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Prior Authorization is required	
H0009	ALCOHOL & OR DRUG SERVICES; ACUTE DTOX HOSP IP	Prior Authorization is required	
H0010	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Prior Authorization is required	
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	Prior Authorization is required	
H0012	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Prior Authorization is required	
H0013	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP	Prior Authorization is required	
H0015	ALCOHOL&/RX SRVC;INTENSV OP;CRISIS INTRVN&ACTV TX	Prior Authorization is required	
H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM	Prior Authorization is required	
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIE	Prior Authorization is required	
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM	Prior Authorization is required	
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	Prior Authorization is required	
H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOUR	Prior Authorization is required	
H0036	CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN	Prior Authorization is required	
H0037	COMM PSY SUP TX PGM PER DIEM	Prior Authorization is required	
H0038	SELF-HELP/PEER SERVICES PER 15 MINUTES	Prior Authorization is required for non-CCBHC providers. Coverage is limited to 60 units per month.	
H0040	Assertive community treatment (ACT)	Prior Authorization is required	
H0043	SUPPORTED HOUSING PER DIEM	Prior Authorization is required	
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NO	Prior Authorization is required	
H2001	REHABILITATION PROGRAM PER 1/2 DAY	Prior Authorization is required	

H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Prior Authorization is required	
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Prior Authorization is required	
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	Prior Authorization is required	
H2036	LCOHOL & OR OTH DRUG TREATMENT PROGRAM PER DIEM	Prior Authorization is required	
J0172	Injection, aducanumab- avwa, 2 mg	Prior Authorization is required	
J0180	Fabrazyme (agalsidase Beta)	Prior Authorization is required	
J0224	lumasiran (Oxlumo)	Prior Authorization is required	
J0225		Prior Authorization is required	
J0585	BOTOX	Prior Authorization is required	
J0586	Dysport (Injection, abobotulinumtoxina, 5 units)	Prior Authorization is required	
J0587	Myobloc (Injection, rima botulinumtoxinb, 100 units)	Prior Authorization is required	
J0588	Xeomin (Injection, incobotulinumtoxin a, 1 unit)	Prior Authorization is required	
J0593		Prior Authorization is required	
J0599		Prior Authorization is required	
J0638	Ilaris Injection, canakinumab, 1 mg	Prior Authorization is required	
J1304	Qalsody	Prior Authorization is required	
J1324	Injection, enfuvirtide, 1 mg	Prior Authorization is required	
J1428	EXONDYS	Prior Authorization is required	
J1429	Vyondys 53 - Injection, golodirsen, 10 mg	Prior Authorization is required	
J1551		Prior Authorization is required	
J1575	Hyqvia (immune globulin/hyaluronidase)	Prior Authorization is required	
J1627	Inj granisetronrx, 0.1 mg	Prior Authorization is required	
J1628		Prior Authorization is required	
J1632	Zulresso	Prior Authorization is required	
J1744	Firazy & Icatibant Acetate (Injection, icatibant, 1 mg)	Prior Authorization is required	
J1825	Injection interferon beta 1a 33mcg	Prior Authorization is required	
J1826	Injection, interferon beta- 1a, 30 mcg-	Prior Authorization is required	
J1830	Injection interferon beta 1b 0.25mg	Prior Authorization is required	
J2212	Relistor Injection, methylnaltrexone, 0.1 mg	Prior Authorization is required	
J2326	SPINRAZA	Prior Authorization is required	
J2327	Injection, risankizumab- rzaa, 1 mg.	Prior Authorization is required	
J2502	pasireotide long acting (Signifor LAR); Injection, pasireotide long acting, 1 mg	Prior Authorization is required	
J2508	Elfabrio	Prior Authorization is required	
J3357	Stelara (ustekinumab) subcutaneous	Prior Authorization is required	
J3358	Stelara (ustekinumab) intravenous	Prior Authorization is required	
J3398	LUXURNA	Prior Authorization is required	
J3399	Zolgensma	Prior Authorization is required	
J7175	Injection, Coagulation Factor X, human	Prior Authorization is required	
J7178	Injection, human fibrinogen concentrate, NOS, 1 mg	Prior Authorization is required	
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	Prior Authorization is required	
J7181	Injection, factor xiii a- subunit, (recombinant), per IU	Prior Authorization is required	
J7182	Novoeight; Injection	Prior Authorization is required	
J7183	Wilate; Injection	Prior Authorization is required	
J7185	Xyntha & Xyntha Solofuse; Injection	Prior Authorization is required	
J7186	Alphanate/vwf Complex/human; Injection	Prior Authorization is required	
J7187	Humate-p; Injection	Prior Authorization is required	
J7188	Obizur Injection, factor viii	Prior Authorization is required	
J7189	NovoSeven RT Factor viia	Prior Authorization is required	
J7190	Hemofil M, Koate-dvi, & Koate	Prior Authorization is required	
J7192	Kogenate Fs, Recombinate, & Advate	Prior Authorization is required	
J7193	Alphanine SD & Mononine	Prior Authorization is required	
J7194	Profilnine & Profilnine SD (Factor ix, complex, per i.u.)	Prior Authorization is required	
J7195	Benefix & Inixity; Injection	Prior Authorization is required	
J7197	Antithrombin III human per IU	Prior Authorization is required	
J7198	Feiba NF Anti-inhibitor, per i.u.	Prior Authorization is required	
J7200	Rixubis; Injection	Prior Authorization is required	
J7201	Alprolix; Injection	Prior Authorization is required	
J7202	Idelvion Injection, factor ix, albumin fusion protein	Prior Authorization is required	
J7205	Eloclate; Injection	Prior Authorization is required	
J7207	Adynovate Injection, factor viii	Prior Authorization is required	
J7209	Nuwig; Injection	Prior Authorization is required	
J7325	Synvisc/Synvisc One (hyaluronan)	Prior Authorization is required	
J7328	Gelsyn-3	Prior Authorization is required	
J7329	Trivisc	Prior Authorization is required	
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Prior Authorization is required	
J9333	Rystiggo	Prior Authorization is required	

K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Prior Authorization is required	
K0006	HEAVY DUTY WHEELCHAIR	Prior Authorization is required	
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Prior Authorization is required	
K0015	DETACH NON-ADJUS HGT ARM RST	Prior Authorization is required	
K0037	HIGH MOUNT FLIP-UP FOOTREST	Prior Authorization is required	
K0042	STANDARD SIZE FOOTPLATE EACH	Prior Authorization is required	
K0047	ELEVAT LEGRST UP HANR BRACK	Prior Authorization is required	
K0051	CAM RELESE ASSEM FTRST/LGRST	Prior Authorization is required	
K0053	ELEVATE FOOTREST ARTICULATE	Prior Authorization is required	
K0056	SEAT HT <17 OR >=21 LTWT WC	Prior Authorization is required	
K0069	REAR WHL COMPLETE SOLID TIRE	Prior Authorization is required	
K0070	REAR WHL COMPL PNEUM TIRE	Prior Authorization is required	
K0071	FRONT CASTR COMPL PNEUM TIRE	Prior Authorization is required	
K0072	FRNT CSTR CMPL SEM-PNEUM TIR	Prior Authorization is required	
K0108	W/C COMPONENT-ACCESSORY NOS	Prior Authorization is required	
K0606	AED GARMENT W ELEC ANALYSIS	Prior Authorization is required	
K0733	12-24HR SEALED LEAD ACID	Prior Authorization is required	
K0800	POV GROUP 1 STD UP TO 300LBS	Prior Authorization is required	
K0801	POV GROUP 1 HD 301-450 LBS	Prior Authorization is required	
K0802	POV GROUP 1 VHD 451-600 LBS	Prior Authorization is required	
K0806	POV GROUP 2 STD UP TO 300LBS	Prior Authorization is required	
K0808	POV GROUP 2 VHD 451-600 LBS	Prior Authorization is required	
K0816	PWC GP 1 STD CAP CHAIR	Prior Authorization is required	
K0821	PWC GP 2 STD PORT CAP CHAIR	Prior Authorization is required	
K0822	PWC GP 2 STD SEAT/BACK	Prior Authorization is required	
K0823	PWC GP 2 STD CAP CHAIR	Prior Authorization is required	
K0824	PWC GP 2 HD SEAT/BACK	Prior Authorization is required	
K0825	PWC GP 2 HD CAP CHAIR	Prior Authorization is required	
K0826	PWC GP 2 VHD SEAT/BACK	Prior Authorization is required	
K0827	PWC GP VHD CAP CHAIR	Prior Authorization is required	
K0835	PWC GP2 STD SING POW OPT S/B	Prior Authorization is required	
K0837	PWC GP 2 HD SING POW OPT S/B	Prior Authorization is required	
K0839	PWC GP2 VHD SING POW OPT S/B	Prior Authorization is required	
K0841	PWC GP2 STD MULT POW OPT S/B	Prior Authorization is required	
K0843	PWC GP2 HD MULT POW OPT S/B	Prior Authorization is required	
K0848	PWC GP 3 STD SEAT/BACK	Prior Authorization is required	
K0849	PWC GP 3 STD CAP CHAIR	Prior Authorization is required	
K0850	PWC GP 3 HD SEAT/BACK	Prior Authorization is required	
K0851	PWC GP 3 HD CAP CHAIR	Prior Authorization is required	
K0856	PWC GP3 STD SING POW OPT S/B	Prior Authorization is required	
K0857	PWC GP3 STD SING POW OPT CAP	Prior Authorization is required	
K0858	PWC GP3 HD SING POW OPT S/B	Prior Authorization is required	
K0861	PWC GP3 STD MULT POW OPT S/B	Prior Authorization is required	
K0862	PWC GP3 HD MULT POW OPT S/B	Prior Authorization is required	
L1831	KNEE ORTH POS LOCKING JOINT	Prior Authorization is required	
L1951	AFO SPIRAL PREFABRICATED	Prior Authorization is required	
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Prior Authorization is required	
L5632	SYMES TYPE PTB BRIM DESIGN S	Prior Authorization is required	
L5814	ENDO KNEE-SHIN HYDRAL SWG PH	Prior Authorization is required	
L6635	LIFT ASSIST FOR ELBOW	Prior Authorization is required	
L6721	HOOK/HAND, HVY DTY, VOL OPEN	Prior Authorization is required	
L8035	CUSTOM BREAST PROSTHESIS	Prior Authorization is required	
L8039	BREAST PROSTHESIS, NOS	Prior Authorization is required	
P9020	Platelet rich plasma, each unit	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2257 Bionengineerd Skin and Skin Replacment Therapy in the Outpatient Setting
Q2041	Axicabtagene ciloleucel car+, 2000000 Cells	Prior Authorization is required	
Q2042	Chemotherapy drug	Prior Authorization is required	
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti- cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization is required	
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti- cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization is required	
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car- positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization is required	
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR- positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization is required	
Q4074	Ventavis	Prior Authorization is required	
Q4081	Epogen/Procrit (ESRD on dialysis)	Prior Authorization is required	
Q4100	Skin substitute, not otherwise specified	Prior Authorization is required	
Q4101	Apligraf	Prior Authorization is required	

Q4102	OASIS WOUND MATRIX	Prior Authorization is required	
Q4103	Oasis burn matrix, per sq cm	Prior Authorization is required	
Q4104	INTEGRA BILAYER	Prior Authorization is required	
Q4105	INTEGRA DERMAL REGENERATION	Prior Authorization is required	
Q4106	DERMAGRAFT	Prior Authorization is required	
Q4107	GRAFTJACKET	Prior Authorization is required	
Q4108	INTEGRA MATRIX	Prior Authorization is required	
Q4110	PriMatrix, per square centimeter	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2257 Bionengineerd Skin and Skin Replacment Therapy in the Outpatient Setting
Q4111	GRAMMA GRAFT	Prior Authorization is required	
Q4112	CYMETRA	Prior Authorization is required	
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2257 Bionengineerd Skin and Skin Replacment Therapy in the Outpatient Setting
Q4114	INTEGRA FLOWABLE	Prior Authorization is required	
Q4115	ALLOSKIN	Prior Authorization is required	
Q4116	Alloderm	Prior Authorization is required	
Q4118	MatriStem micromatrix, 1 mg	Prior Authorization is required	
Q4121	Theraskin	Prior Authorization is required	
Q4128	FLEX HD OR ALLOPATH HD	Prior Authorization is required	
Q4132	Grafix core	Prior Authorization is required	
Q4133	GRAFIX PRIME	Prior Authorization is required	
Q4152	DERMAPURE	Prior Authorization is required	
Q4154	Biovance	Prior Authorization is required	
Q4164	HELI-COLL	Prior Authorization is required	
Q4165	KERAMATRIX	Prior Authorization is required	
Q4186	Epifix, per sq cm	Prior Authorization is required	
Q5101	Zarxio inj, 1 MCG	Prior Authorization is required	
Q5103	Inflectra (infliximab-dyyb)	Prior Authorization is required	
Q5104	Renflexis (infliximab-abda)	Prior Authorization is required	
Q5105	Retacrit (ESRD on dialysis)	Prior Authorization is required	
Q5106	Inj Retacrit non-esrd use, 1000 units	Prior Authorization is required	
Q5108	Fulphila inj, 0.5 MG	Prior Authorization is required	
Q5109	Ixifi (infliximab-qbtx)	Prior Authorization is required	
Q5110	Nivestym, 1 mcg	Prior Authorization is required	
Q5111	Udenyca inj, 0.5 mg	Prior Authorization is required	
Q5120	Ziextenzo	Prior Authorization is required	
Q5122	pegfilgrastim-apgf (Nyvepria); Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Prior Authorization is required	
Q5124	Ranibizumab-nuna (Byooviz)	Prior Authorization is required	
Q5126	bevacizumab-maly (Alymsys)	Prior Authorization is required	
Q5130	Injection, pegfilgrastim-pbbk (flyneta), biosimilar, 0.5 mg	Prior Authorization is required	
Q9994	IN LINE CARTRIDGE DIG ENZYMES FOR ENTERAL FEEDING	Prior Authorization is required	
S0088	Gleevec & Imatinib Mesylate (Imatinib, 100 mg)	Prior Authorization is required	
S0189	Testopel (Testosterone pellet, 75 mg)	Prior Authorization is required	
S1040	CRANIAL REMOLDING ORTHOSIS	Prior Authorization is required	
S2080	Laser-assisted uvulopalatoplasty (LAUP).	Prior Authorization is required. Reference policies for additional information	HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	Prior Authorization is required	
V2199	Not otherwise classified, single vision lens	Prior Authorization is required	
V2799	Vision item or service, miscellaneous	Prior Authorization is required	
V5014	Repair/Modification of a hearing aid	Prior Authorization is required	
V5030	Monaural, body worn, air conduction	Prior Authorization is required	
V5040	Monaural, body worn, bone conduction	Prior Authorization is required	
V5050	Monaural, in the ear (ITE)	Prior Authorization is required	
V5060	Monaural, behind the ear (BTE)	Prior Authorization is required	
V5120	Binaural, on-the-body	Prior Authorization is required	
V5130	Binaural, ITC	Prior Authorization is required	
V5140	Binaural, BTE	Prior Authorization is required	
V5171	Contralateral routing device, monaural, ITE	Prior Authorization is required	
V5172	Contralateral routing device, monaural, in the canal (ITC)*	Prior Authorization is required	
V5181	Contralateral routing device, monaural, BTE	Prior Authorization is required	
V5211	Contralateral routing system, binaural, ITE/ITE	Prior Authorization is required	
V5212	Contralateral routing system, binaural, ITE/ITC*	Prior Authorization is required	
V5213	Contralateral routing system, binaural, ITC/BTE	Prior Authorization is required	
V5214	Contralateral routing system, binaural, ITC/ITC*	Prior Authorization is required	
V5215	Contralateral routing system, binaural, ITC/BTE*	Prior Authorization is required	
V5221	Contralateral routing system, binaural, BTE/BTE	Prior Authorization is required	
V5246	Monaural ITE, digitally programmable analog	Prior Authorization is required	
V5247	Monaural BTE, digitally programmable analog	Prior Authorization is required	
V5252	Binaural ITE, digitally programmable	Prior Authorization is required	
V5253	Binaural BTE, digitally programmable	Prior Authorization is required	

V5256	HEARING AID, DIGIT, MON, ITE	Prior Authorization is required	
V5257	HEARING AID, DIGIT, MON, BTE	Prior Authorization is required	
V5260	HEARING AID, DIGIT, BIN, ITE	Prior Authorization is required	
V5261	HEARING AID, DIGIT, BIN, BTE	Prior Authorization is required	
V5264	Ear mold/insert, not disposable, any type	Prior Authorization is required	
V5266	Battery for use in hearing device (standard batteries only)	Prior Authorization is required	
V5275	Ear impression, each	Prior Authorization is required	
V5298	Hearing aid, not otherwise classified	Prior Authorization is required	
V5299	Miscellaneous hearing aid servicing	Prior Authorization is required	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	Prior Authorization is required	