Driscoll Health Plan

Prior Authorization Requirements for STAR, STAR Kids, and CHIP

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00100	PR ANESTH, INCOMP/MISSED AB PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00102	PR ANESTH,CLEFT LIP REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00103	PR ANESTH,BLEPHAROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
00104	ANESTH,ELECTROSHOCK/ ECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00120	ANESTH,EAR SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00124	ANESTH,EAR EXAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00126	PR ANESTH,TYMPANOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00140	PR ANESTH,PROCEDURES ON EYE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00142	ANESTH, LENS SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00144	PR ANESTH,CORNEAL TRANSPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00145	ANESTH, VITREORETINAL SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00147	PR ANESTH,IRIDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00148	ANESTH,EYE EXAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00160	PR ANESTH,NOSE, SINUS SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00162	PR ANESTH,NOSE, RADICAL SINUS SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00164	PR ANESTH,BIOPSY OF NOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00170	PR ANESTH,PROCEDURE ON MOUTH	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: K02.3, K02.51, K02.53, K02.61, K02.63, K02.7, K02.9-K03.9, K04.0 AGE: NO AUTH REQUIRED IF OLDER THAN 6 YEARS. EXCLUSIONS: AUTH REQUIRED FOR CHIP LINE OF BUSINESS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00170	PR ANESTH,PROCEDURE ON MOUTH	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: K02.3, K02.51, K02.53, K02.61, K02.63, K02.7, K02.9-K03.9, K04.0 AGE: PRIOR AUTH IS REQUIRED IF 6 YEARS OF AGE OR YOUNGER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
00172	PR ANESTH,CLEFT PALATE REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00174	PR ANESTH,EXCIS RETROPHARYNG TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00176	PR ANESTH,PHARYNX SURG RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00190	PR ANESTH,FACIAL BONE SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00192	PR ANESTH,RADICAL FACIAL BONE SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00210	PR ANESTH,OPEN HEAD SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00211	PR ANESTH, INTRACRANIAL HEMATOMA EVACUATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00212	PR ANESTH,SKULL SURG SUBDUR TAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00214	PR ANESTH,SKULL SURG BURR HOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00215	PR ANESTH, CRANIOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00216	PR ANESTH,HEAD VESSEL SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00218	PR ANESTH,SPECIAL HEAD SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00220	PR ANESTH,INTRA CRAN PROC; CSF SHUNT PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00222	PR ANESTH,INTRA CRAN NERVE COAGULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00300	PR ANESTH,SKIN SURG HEAD/NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00320	PR ANESTH,NECK ORG PROC; NOS, AGE 1 YR/OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00322	PR ANESTH,NEEDLE BX THYROID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00326	PR ANESTH,LARYNX/TRACH PROC; CHILDREN <1 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00350	PR ANESTH,NECK VESSEL SURGERY NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00352	PR ANESTH,NECK VESSEL SURG SIMPL LIGAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00400	PR ANESTH,SKIN SURG THORAX/EXTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00402	PR ANESTH,SURG BREAST RECONSTRUCTIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00404	PR ANESTH,SURG BREAST RAD MASTEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00406	PR ANESTH,SURG BREAST RAD MAST W NODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00410	PR ANESTH,CORRECT HEART RHYTHM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00450	PR ANESTH,SURG CLAVICLE/SCAPULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00454	PR ANESTH,CLAVICLE BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00470	PR ANESTH,PARTIAL RIB RESECTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00472	PR ANESTH,CHEST WALL REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00474	PR ANESTH,CHEST WALL REPAIR EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00500	PR ANESTH,ESOPHAGEAL SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00520	PR ANESTH,CHEST PROC CLOSED,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00522	PR ANESTH,CHEST PLEURAL BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00524	PR ANESTH,CHEST DRAINAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00528	PR ANESTH,MEDIASTINOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00529	PR ANESTH, CHEST PARTITION VIEW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00530	PR ANESTH,PACE MAKER INSERTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00532	PR ANESTH,CENTR L VASCULAR ACCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00534	PR ANESTH,CARDI OVERTER/DEFI B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00537	PR ANESTH,CARD ELECTROPHYS PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00539	PR ANESTH,TRACH EOBRONCHIAL RECONSTRUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00540	PR ANESTH,CHEST SURGERY,THO RACOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00541	PR ANESTH,THOR ACOTOMY PROC, W/1 LUNG VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00542	PR ANESTH,CHEST DECORTICATIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00546	PR ANESTH,LUNG RESEC,THORA COPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00548	PR ANESTH,TRACH ,BRONCHI INTRATHOR SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00550	PR ANESTH,STERN AL DEBRIDEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00560	PR ANESTH,OPEN HEART; W/O PUMP OXYEGENATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00561	ANESTH, HEART SURG < AGE 1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00562	PR ANESTH,OPEN HEART SURGERY +PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00563	PR ANESTH,OPEN HEART,PUMP +HYPOTHERM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00566	PR ANESTH,DIREC T CABG W/O PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00567	PR ANESTH, DIRECT CABG W PUMP OXYGENATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00580	PR ANESTH,HEART /LUNG TRANSPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00600	PR ANESTH,CERV SPINE,CORD SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00604	PR ANESTH,CERV SPINE, SITTING POSITION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00620	PR ANESTH,THOR SPINE,CORD SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00625	PR ANESTH,TRANS THORACIC SPINE SURG W/O 1 LUNG VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00626	PR ANESTH,TRANS THORACIC SPINE SURG W/ 1 LUNG VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00630	PR ANESTH,LUMB AR SPINE,CORD SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00632	PR ANESTH,LUMB AR SYMPATHECTO MY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00635	PR ANESTH,LUMB AR PUNCTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00640	PR ANESTH,CLOSE D MANIPULATION , SPINE C/T/L	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00670	PR ANESTH,EXTENSIVE SPINE,CORD PROCED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00700	PR ANESTH,ABD WALL,UPER ANTER,SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00702	PR ANESTH,FOR LIVER BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00730	PR ANESTH,ABD WALL,UPPER POST,SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00731	PR ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
00732	PR ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
00750	PR ANESTH,REPAIR UPPER ABD HERNIA NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00752	PR ANESTH,REPAIR UP HERNIA LUMBAR/VENTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00754	PR ANESTH,REPAIR UP HERNIA OMPHALOCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00756	PR ANESTH,REPAIR UP HERNIA DIAPHRAGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00770	PR ANESTH,MAJOR ABD BLOOD VESSEL REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00790	PR ANESTH,SURG UPPER ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00792	PR ANESTH,PARTIAL LIVER REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00794	PR ANESTH,PANCREAS REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00796	PR ANESTH,FOR LIVER TRANSPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00797	PR ANESTH,GASTRIC RESTRICT, MORBID OBESITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00800	PR ANESTH,ABD WALL,LOWER ANT,SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00802	PR ANESTH,FAT LAYER REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00811	PR ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
00812	PR ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
00813	PR ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
00820	PR ANESTH,ABD WALL,LOWER POST,SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00830	PR ANESTH,REPAIR LO ABD HERNIA NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00832	PR ANESTH,REPAIR LO HERNIA VENTR/INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00834	PR ANESTH,REPAIR LO ABD HERNIA NOS, < 1 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00836	PR ANESTH,REP LO ABD HERN NOS, PREM <50 WKS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00840	PR ANESTH,SURG LOWER ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00842	PR ANESTH,AMNIO CENTESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00844	PR ANESTH,ABD-PERINEAL RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00846	PR ANESTH,RADICAL HYSTERECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00848	PR ANESTH,PELVIC EXENTERATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00851	PR ANESTH,TUBAL LIGATION/TRANSECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00860	PR ANESTH,SURG LOW ABD,EXTRAPERITONEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00862	PR ANESTH,KIDNEY,PROX URETER SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00864	PR ANESTH,REMOVAL OF BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00865	PR ANESTH,REMOVAL OF PROSTATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00866	PR ANESTH,REMOVAL OF ADRENAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00868	PR ANESTH,KIDNEY TRANSPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00870	PR ANESTH,BLADDER STONE SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00872	PR ANESTH,KID STONE DESTRUCT +WATER BATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00873	PR ANESTH,KID STONE DESTRUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00880	PR ANESTH,MAJOR LOW ABD VESSEL SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00882	PR ANESTH,INFER VENA CAVAL LIGATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00902	PR ANESTH,ANORECTAL SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00904	PR ANESTH,RADICAL PERINEAL SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00906	PR ANESTH,REMOVAL OF VULVA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00908	PR ANESTH,PERINEAL REMV OF PROSTATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00910	PR ANESTH,TRANSURETHRAL SURG,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00912	PR ANESTH,XURETHRAL BLADDER TUMOR SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00914	PR ANESTH,XURETHRAL REMOVAL OF PROSTATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00916	PR ANESTH,POSTXURETHRAL BLEEDING CONTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00918	PR ANESTH,STONE RMVOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00920	PR ANESTH,MALE GENITALIA SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00921	PR ANESTH,VASECTOMY, UNILAT/BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00922	PR ANESTH,SPERM DUCT SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00924	PR ANESTH,TESTIS EXPLORATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00926	PR ANESTH,RADICAL REMV TESTIS,INGUINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00928	PR ANESTH,RADICAL REMV TESTIS,ABDOMINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00930	PR ANESTH,TESTIS SUSPENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00932	PR ANESTH,AMPUTATION OF PENIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00934	PR ANESTH,PENIS, NODES REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00936	PR ANESTH,PENIS, COMBO NODES REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00940	PR ANESTH,VAGINAL PROCEDURES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00942	PR ANESTH,COLPOT,VAGINECT, COLPORR,URETH PRO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00944	PR ANESTH,VAGINAL HYSTERECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
00948	PR ANESTH,REPAIR OF CERVIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00950	PR ANESTH,VAGINAL ENDOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
00952	PR ANESTH,HYSTEROSCOPY/VAG BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01112	PR ANESTH,BONE MARROW ASP/BX ILIAC CRST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01120	PR ANESTH,BONY PELVIS SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01130	PR ANESTH,BODY CAST PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01140	PR ANESTH,AMPUTATION AT PELVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01150	PR ANESTH,RADICAL PELVIC TUMOR SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0115U	CHG RESPIR IADNA 18 VIRAL TYPE&SUBTYPE & 2 BACT TRGT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (POLYMERASE CHAIN REACTION RESPIRATORY VIRAL PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/POLYMERASE-CHAIN-REACTION-RESPIRATORY-VIRAL-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2024
01160	PR ANESTH,PUBIS, SACROILIAC OPEN PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01170	PR ANESTH,PUBIS, SACROILIAC CLOSED PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01173	PR ANESTH, FX REPAIR, PELVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01200	PR ANESTH,HIP JOINT PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01202	PR ANESTH,ARTHROSCOPY OF HIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01210	PR ANESTH,HIP JOINT SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01212	PR ANESTH,HIP DISARTICULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01214	PR ANESTH,TOTAL HIP ARTHROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01215	PR ANESTH,REVISE TOTAL HIP ARTHROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01220	PR ANESTH,CLOSED PROC UPPER 2/3 FEMUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01230	PR ANESTH,OPEN PROC UPPER 2/3 FEMUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01232	PR ANESTH,AMPUTATION OF FEMUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01234	PR ANESTH,RADICAL FEMUR SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01250	PR ANESTH,UPPER LEG SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01260	PR ANESTH,UPPER LEG VEINS SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01270	PR ANESTH,THIGH ARTERIES SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01272	PR ANESTH,FEMORAL ARTERY LIGATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01274	PR ANESTH,FEMORAL EMBOLECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01320	PR ANESTH,KNEE AREA SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01340	PR ANESTH,LOWER 1/3 FEMUR,CLOSED PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01360	PR ANESTH,LOWER 1/3 FEMUR,OPEN PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01380	PR ANESTH,KNEE JOINT,CLOSED PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01382	PR ANESTH,DX ARTHROSCOPIC PROC KNEE JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01390	PR ANESTH,UPPER LEG,CLOSED PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01392	PR ANESTH,UPPER LEG,OPEN PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01400	PR ANESTH,KNEE JOINT; NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01402	PR ANESTH,TOTAL KNEE ARTHROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01404	PR ANESTH,AMPUTATION AT KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01420	PR ANESTH,KNEE JOINT CASTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01430	PR ANESTH,KNEE VEINS SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01432	PR ANESTH,KNEE AV FISTULA VESSEL SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01440	PR ANESTH,KNEE ARTERIES SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01442	PR ANESTH,POPLIT THROMBOENDARTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01444	PR ANESTH,POPLIT ARTERY EXCISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01462	PR ANESTH,LOWER LEG,CLOSED PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01464	PR ANESTH,ARTHROSCOP PROC,ANKLE &/OR FOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01470	PR ANESTH,LOWER LEG,OPEN SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01472	PR ANESTH,ACHILLES TENDON SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01474	PR ANESTH,GASTROCNEMIUS SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01480	PR ANESTH,LOWER LEG BONE SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01482	PR ANESTH,RADICAL LEG RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01484	PR ANESTH,LOWER LEG BONE REVISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01486	PR ANESTH,ANKLE REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01490	PR ANESTH,LOWER LEG CASTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01500	PR ANESTH,LOWER LEG ARTERIES SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01502	PR ANESTH,LOWER LEG EMBOLECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01520	PR ANESTH,LOWER LEG VEIN SURG,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01522	PR ANESTH,LOWER LEG VEIN THROMBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01610	PR ANESTH,SURGERY OF SHOULDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01620	PR ANESTH,SHOULDER,CLOSED PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01622	PR ANESTH,DX ARTHROSC PROC,SHOULDER JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01630	PR ANESTH,SHOULDER JOINT,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01634	PR ANESTH,SHOULDER JOINT AMPUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01636	PR ANESTH,FOREQUARTER AMPUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01638	PR ANESTH,SHOULDER REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01650	PR ANESTH,SHOULDER ARTERY SURG,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01652	PR ANESTH,AXILLARY-BRACHIAL ANEURYSM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01654	PR ANESTH,SHLDR VESSEL SURG,BYPASS GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01656	PR ANESTH,AXILL-FEM BYPASS GRFT SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01670	PR ANESTH,SHOULDER VEIN SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01680	PR ANESTH,SHOULDER CASTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01710	PR ANESTH,ELBOW AREA SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01712	PR ANESTH,UPPER ARM TENDON SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01714	PR ANESTH,UPPER ARM TENDON REVISN SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01716	PR ANESTH,BICEPS TENDON REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01730	PR ANESTH,ARM/ELBOW BONES,CLOSED PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01732	PR ANESTH,DX ARTHROSCOPIC PROC ELBOW JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01740	PR ANESTH,ELBOW,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01742	PR ANESTH,HUMERUS SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01744	PR ANESTH,HUMERUS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01756	PR ANESTH,RADICAL HUMERUS SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01758	PR ANESTH,HUMERAL LESION SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01760	PR ANESTH,ELBOW REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01770	PR ANESTH,UPPER ARM ARTERY SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01772	PR ANESTH,UPPER ARM EMBOLECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01780	PR ANESTH,UPPER ARM VEIN SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01782	PR ANESTH,UPPER ARM VEIN REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01810	PR ANESTH,LOWER ARM SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01820	PR ANESTH,FOREARM BONES,CLOSED PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01829	PR ANESTH,DX ARTHROSCOPIC PROC WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01830	PR ANESTH,DISTAL RADIUS/ULNA WRIST/HAND,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01832	PR ANESTH,WRIST REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01840	PR ANESTH,LOWER ARM ARTERY SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01842	PR ANESTH,LOWER ARM EMBOLECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01844	PR ANESTH,LOWER ARM,VASC SHUNT SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01850	PR ANESTH,LOWER ARM VEIN SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01852	PR ANESTH,LOWER ARM VEIN REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01860	PR ANESTH,LOWER ARM CASTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01916	PR ANESTH,DX ARTERIOGRAPHY/VENOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01920	PR ANESTH,CARDIAC CATH W/CORON ART & VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01922	PR ANESTH,CAT/MRI SCAN,RADIATN THERAPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01924	PR ANESTH,INTERRAD,ARTERIAL SYS,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01925	ANESTH,INTERRAD, ARTERIAL, CAROTID/CORONARY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01926	ANESTH,INTER RAD,ARTERIAL, INTRACRA/INTR ACAR/AORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01930	PR ANESTH,INTER RAD,VENOUS/L YMPH SYS,NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01931	ANESTH,INTER RAD,VENOUS/L YMPH,INTRAHE PAT/PORTAL CIRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01932	ANESTH,INTER RAD,VENOUS/L YMPH,INTRATH ORACIC/JUGUL AR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01933	ANESTH,INTER RAD,VENOUS/L YMPH,INTRACR ANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01937	PR ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP CRV/THRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01938	PR ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP LMBR/SAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01939	PR ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP CRV/THRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01940	PR ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP LMBR/SAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01941	PR ANES PERQ IMG NEUROMD/NTR VRT PX SPI/SP CRV/THRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01942	PR ANES PERQ IMG NEUROMD/NTR VRT PX SPI/SP LMBR/SAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
01951	PR ANESTH,BURN TX, <4% TBSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01952	PR ANESTH,BURN TX, 4-9% TBSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01958	PR ANESTH, ANTEPARTUM MANIPUL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01960	PR ANESTH,VAGINAL DELIVERY ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01961	PR ANESTH,CESAREAN DELIVERY ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01962	PR ANESTH,URG HYSTERECTOMY FOL DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01963	PR ANESTH,CESAREAN HYST W/O LABOR ANAL/ANES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
01965	PR ANESTH, INCOMP/MISSED AB PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01966	PR ANESTH, INDUCED AB PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01967	ANESTH, NEURAXIAL LABOR, PLAN VAG DEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01968	ANESTH,CES DEL AFTER NEURAXIAL ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01969	PR ANESTH,CES HYST FOL NEURAXIAL ANAL/ANES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01991	PR ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01992	PR ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01996	PR DAILY MGMT,EPIDUR/SUBARACH CONT DRUG ADM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
01999	PR UNLISTED ANESTH PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0202U	CHG NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (POLYMERASE CHAIN REACTION RESPIRATORY VIRAL PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/POLYMERASE-CHAIN-REACTION-RESPIRATORY-VIRAL-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2024
0223U	NFCT DS 22 TRGT SARS-COV-2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (POLYMERASE CHAIN REACTION RESPIRATORY VIRAL PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/POLYMERASE-CHAIN-REACTION-RESPIRATORY-VIRAL-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0225U	PR NFCT DS DNA&RNA 21 SARSCOV2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (POLYMERASE CHAIN REACTION RESPIRATORY VIRAL PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/POLYMERASE-CHAIN-REACTION-RESPIRATORY-VIRAL-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0604T	PR REMOTE OCT RETINA 1ST DEV SET-UP & PT EDUCAJ	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0605T	PR REM OCT RETINA TECHL SUPRT MIN 8 DLY REC EA 30D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0606T	PR REMOTE OCT RETINA REVIEW I&R PHYS/QHP EA 30 D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0621T	PR TRABECULOSTOMY AB INTERNO BY LASER	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0622T	PR TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0857T	OPTO-ACOUSTIC IMAGING OF THE BREAST USING SOFTWARE PROCESSING OF IMAGING DATA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPPING WITH SIMULTANEOUS PATIENT-SYMPTOM PROFILING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
0888T	HISTOTRIPSY MAL RENAL TISSUE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
0932T	NONINVASIVE DETECTION OF HEART FAILURE DERIVED FROM AUGMENTATIVE ANALYSIS OF AN ECHOCARDIOGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
10004	PR FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
10005	PR FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
10006	PR FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
10007	PR FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
10008	PR FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
10009	PR FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
10010	PR FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
10011	PR FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
10012	PR FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
10021	PR FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
10030	PR IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
10035	PR PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
10036	PR PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
10040	PR ACNE SURGERY OF SKIN ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
10060	PR DRAIN SKIN ABSCESS SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
10061	PR DRAIN SKIN ABSCESS COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
10080	PR DRAIN PILONIDAL CYST SIMPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
10081	PR DRAIN PILONIDAL CYST COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
10120	PR REMOVE FOREIGN BODY SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
10121	PR REMOVE FOREIGN BODY COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
10140	PR DRAINAGE OF HEMATOMA/FLUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
10160	PR PUNCTURE DRAINAGE OF LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
10180	PR COMPLEX DRAINAGE, WOUND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
11000	PR DEBRIDEMENT, INFECTED SKIN, UP TO 10% BSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11001	PR DEBRIDEMENT, INFECTED SKIN, EA ADD 10% BSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11004	PR DEBRIDE NECROTIC SKIN/ TISSUE, GENIT & PERINM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11005	PR DEBRIDE NECROTIC SKIN/ TISSUE, ABD WALL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11006	PR DEBRIDE NECROT SKIN/ TISS, GENIT,PERI, ADB WALL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11008	REMOVE MESH FROM ABD WALL FOR INFECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11010	PR DEBRIDE ASSOC OPEN FX/DISLOC SKIN/SUBQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11011	PR DEBRIDE ASSOC OPEN FX/DISLOC SKIN/MUSCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11012	PR DEBRIDE ASSOC OPEN FX/DISLO SKIN/MUS/BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11042	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,=<20 SQ CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11042	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,=<20 SQ CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11043	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,=<20 SQ CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11043	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,=<20 SQ CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11044	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,=<20 SQ CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11044	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,=<20 SQ CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11045	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,EACH ADD 20 SQ CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11045	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,EACH ADD 20 SQ CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11046	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,EACH ADD 20 SQ CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11046	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,EACH ADD 20 SQ CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11047	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,EACH ADD 20 SQ CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11047	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,EACH ADD 20 SQ CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11055	PR TRIM HYPERKERATOTIC SKIN LESION, ONE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11055	PR TRIM HYPERKERATOTIC SKIN LESION, ONE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11056	TRIM BENIGN HYPERKERATOTIC SKIN LESION,2-4	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11056	TRIM BENIGN HYPERKERATOTIC SKIN LESION,2-4	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11057	TRIM BENIGN HYPERKERATOTIC SKIN LESION,>4	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11057	TRIM BENIGN HYPERKERATOTIC SKIN LESION,>4	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11102	PR TANGENTIAL BIOPSY SKIN SINGLE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11103	PR TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11104	PR PUNCH BIOPSY SKIN SINGLE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11105	PR PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11106	PR INCISIONAL BIOPSY SKIN SINGLE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11107	PR INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11200	PR REMOVAL OF SKIN TAGS, UP TO 15	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11201	PR REMOVAL OF SKIN TAGS, EACH ADD 10	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11300	PR SHAV SKIN LES <5MM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11301	PR SHAV SKIN LES 6-10MM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11302	PR SHAV SKIN LES 11-20MM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11303	PR SHAV SKIN LES >21MM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11305	PR SHAV SKIN LES <5MM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11306	PR SHAV SKIN LES 6-10MM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11307	PR SHAV SKIN LES 11-20MM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11308	PR SHAV SKIN LES >21MM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11310	PR SHAV SKIN LES <5MM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11311	PR SHAV SKIN LES 6-10MM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11312	PR SHAV SKIN LES 11-20MM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11313	PR SHAV SKIN LES >21MM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11400	PR EXC SKIN BENIG <5MM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11401	PR EXC SKIN BENIG 0.6-1CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11402	PR EXC SKIN BENIG 1.1-2CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11403	PR EXC SKIN BENIG 2.1-3CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11404	PR EXC SKIN BENIG 3.1-4CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11406	PR EXC SKIN BENIG >4CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11420	PR EXC SKIN BENIG <5MM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11421	PR EXC SKIN BENIG 0.6-1CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11422	PR EXC SKIN BENIG 1.1-2CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11423	PR EXC SKIN BENIG 2.1-3CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11424	PR EXC SKIN BENIG 3.1-4CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11426	PR EXC SKIN BENIG >4CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11440	PR EXC SKIN BENIG <5MM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11440	PR EXC SKIN BENIG <5MM FACE,FACIAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11441	PR EXC SKIN BENIG 0.6-1CM FACE,FACIAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
11441	PR EXC SKIN BENIG 0.6-1CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11442	PR EXC SKIN BENIG 1.1-2CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11442	PR EXC SKIN BENIG 1.1-2CM FACE,FACIAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11443	PR EXC SKIN BENIG 2.1-3CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11444	PR EXC SKIN BENIG 3.1-4CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11446	PR EXC SKIN BENIG >4CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11450	PR EXC SWEAT GLAND LESN AXILL,SIMPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11451	PR EXC SWEAT GLAND LESN AXILL,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11462	PR EXC SWEAT GLAND LESN INGUIN,SIMPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11463	PR EXC SWEAT GLAND LESN INGUIN,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11470	PR EXC SWEAT GLAND LESN PERINEAL,SIMPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11471	PR EXC SWEAT GLAND LESN PERINEAL,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11600	PR EXC SKIN MALIG <5MM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11601	PR EXC SKIN MALIG 0.6-1CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11602	PR EXC SKIN MALIG 1.1-2CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11603	PR EXC SKIN MALIG 2.1-3CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11604	PR EXC SKIN MALIG 3.1-4CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11606	PR EXC SKIN MALIG >4CM TRUNK,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11620	PR EXC SKIN MALIG <5MM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11621	PR EXC SKIN MALIG 0.6-1CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11622	PR EXC SKIN MALIG 1.1-2CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11623	PR EXC SKIN MALIG 2.1-3CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11624	PR EXC SKIN MALIG 3.1-4CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11626	PR EXC SKIN MALIG >4CM REMAINDR BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11640	PR EXC SKIN MALIG <5MM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11641	PR EXC SKIN MALIG 0.6-1CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11642	PR EXC SKIN MALIG 1.1-2CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11643	PR EXC SKIN MALIG 2.1-3CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11644	PR EXC SKIN MALIG 3.1-4CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11646	PR EXC SKIN MALIG >4CM FACE,FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11719	PR TRIM NAIL (S)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11719	PR TRIM NAIL (S)	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11720	PR DEBRIDEMENT OF NAIL(S), 1-5	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11720	PR DEBRIDEMENT OF NAIL(S), 1-5	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11721	PR DEBRIDEMENT OF NAILS, 6 OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11721	PR DEBRIDEMENT OF NAILS, 6 OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11730	PR REMOVAL OF NAIL PLATE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11730	PR REMOVAL OF NAIL PLATE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11732	PR REMOVE ADDITIONAL NAIL PLATE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11732	PR REMOVE ADDITIONAL NAIL PLATE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11740	PR DRAIN BLOOD FROM UNDER NAIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11750	PR REMOVAL OF NAIL BED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11752	PR REMOVE NAIL BED/FINGER TIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11755	PR BIOPSY, NAIL UNIT (SEP PROC)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
11760	PR RECONSTRUC OF NAIL BED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11762	PR RECONSTRUC OF NAIL BED W GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11765	PR EXCISION OF NAIL FOLD, TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11765	PR EXCISION OF NAIL FOLD, TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
11770	PR REMV PILONIDAL LESION SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11771	PR REMV PILONIDAL LESION EXTENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
11772	PR REMV PILONIDAL LESION COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11900	INJECTION INTO SKIN LESIONS, UP TO 7	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
11900	INJECTION INTO SKIN LESIONS, UP TO 7	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11901	INJECTION INTO SKIN LESIONS, 8 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
11920	PR CORRECT SKIN COLR DEFCT <6SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
11921	PR CORRECT SKIN COLR DEFCT 6.1-20SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
11922	PR CORRECT SKIN COLR DEFCT ADDN 20SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
11950	PR FILL CONTOUR DEFCT <1CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
11951	PR FILL CONTOUR DEFCT 1.1-5CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
11952	PR FILL CONTOUR DEFCT 5.1-10CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
11954	PR FILL CONTOUR DEFCT >10CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
11960	PR INSERT TISSUE EXPANDER(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11970	PR REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
11971	PR REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
11976	PR REMOVAL OF CONTRACEPTIVE CAPSUL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
11980	PR IMPLANT,HORMONE,SUBCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
11981	PR INSERTION DRUG DELIVERY IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
11982	PR REMOVAL DRUG IMPLANT DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
11983	PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
12001	PR REPR SUPERF WND BODY <2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12002	PR REPR SUP NPTERF WND BODY 2.6-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12004	PR REPR SUPERF WND BODY 7.6-12.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12005	PR REPR SUPERF WND BODY 12.6-20	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
12006	PR REPR SUPERF WND BODY 20.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12007	PR REPR SUPERF WND BODY >30CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12011	PR REPR SUPERF WND FACE <2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12013	PR REPR SUPERF WND FACE 2.6-5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12014	PR REPR SUPERF WND FACE 5.1-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12015	PR REPR SUPERF WND FACE 7.6-12.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12016	PR REPR SUPERF WND FACE 12.6-20	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12017	PR REPR SUPERF WND FACE 20.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12018	PR REPR SUPERF WND FACE >30CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12020	PR CLOSURE SUPERF WND DEHIS SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
12021	PR CLOSURE SUPERF WND DEHIS W PACKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12031	PR LAYR CLOS WND TRUNK,ARM,LEG <2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
12032	PR LAYR CLOS WND TRUNK,ARM,LEG 2.6-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
12034	PR LAYR CLOS WND TRUNK,ARM,LEG 7.6-12.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12035	PR LAYR CLOS WND TRUNK,ARM,LEG 12.6-20	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12036	PR LAYR CLOS WND TRUNK,ARM,LEG 20.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12037	PR LAYR CLOS WND TRUNK,ARM,LEG >30CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12041	PR LAYR CLOS WND REST BODY <2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12042	PR LAYR CLOS WND REST BODY 2.6-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12044	PR LAYR CLOS WND REST BODY 7.6-12.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
12045	PR LAYR CLOS WND REST BODY 12.6-20	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12046	PR LAYR CLOS WND REST BODY 20.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12047	PR LAYR CLOS WND REST BODY >30CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12051	PR LAYR CLOS WND FACE,FACIAL <2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12052	PR LAYR CLOS WND FACE,FACIAL 2.5-5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12053	PR LAYR CLOS WND FACE,FACIAL 5.1-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12054	PR LAYR CLOS WND FACE,FACIAL 7.6-12.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12055	PR LAYR CLOS WND FACE,FACIAL 12.6-20	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12056	PR LAYR CLOS WND FACE,FACIAL 20.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
12057	PR LAYR CLOS WND FACE,FACIAL >30CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
13100	PR REPR CMPL WND TRUNK 1.1-2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13101	PR REPR CMPL WND TRUNK 2.6-7.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13102	PR REP,SKIN,TRUNK,CMPLX, +5CM/<	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13120	PR REPR CMPL WND SCALP,EXTR 1.1-2.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13121	PR REPR CMPL WND SCALP,EXTR 2.6-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13122	PR REP,SKIN,SCALP/EXTREM +5CM/<	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13131	PR REPR CMPL WND HEAD,FAC,HAND 1.1-2.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13132	PR REPR CMPL WND HEAD,FAC,HAND 2.6-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13133	PR REP,FACE,GENITAL,HAND,FT +5CM/<	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13151	PR REPR CMPL WND LID,NOS,EAR 1.1-2.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
13152	PR REPR CMPL WND LID,NOS,EAR 2.5-7.5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13153	PR REP,EYELID,NOSE,EAR,LIP +5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
13160	PR SECD CLOS SURG WND EXTEN/COMPLI C	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
14000	PR ADJ TISS XFER TRUNK <10SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14001	PR ADJ TISS XFER TRUNK 10.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14020	PR ADJ TISS XFER SCALP,EXTREM <10SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14021	PR ADJ TISS XFER SCALP,EXTREM 10.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14040	PR ADJ TISS XFER HEAD,FAC,HAND <10SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14041	PR ADJ TISS XFER HEAD,FAC,HAND 10.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14060	PR ADJ TISS XFER LID,NOS,EAR <10SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
14061	PR ADJ TISS XFER LID,NOS,EAR 10.1-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14301	PR ADJ TISS XFER/REARRANGE 30.1-60.0SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14302	PR ADJT TIS TRNSFR/REAR GMT DEFEC EA ADDL 30 SQCM/<	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
14350	PR FILLET FINGR/TOE FLAP W PREP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15002	PR WOUND PREP, PED, TRK/ARM/LG 1ST 100 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15003	PR WOUND PREP, PED, TRK/ARM/LG ADDL 100 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15004	PR WND PREP PED, FACE/NCK/HND /FT/GEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15005	PR WND PREP,PED, FACE/NCK/HND /FT/GEN ADD 100CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15040	PR SKIN GRAFT, HARVEST CULTURED TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15050	PR SKIN PINCH GRAFT PROCEDURE <2CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15100	PR SPLIT GRFT TRUNK,ARM,LEG <100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15101	PR SPLIT GRFT,TRUNK,ARM,LEG EA 100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15110	PR EPIDRM AUTOGRFT TRNK/ARM/LEG <100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15111	PR EPIDRM AUTOGRFT TRNK/ARM/LEG , EACH 100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15115	PR EPI AUTOGRFT FACE/NCK/HND /FT/GEN <100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15116	PR EPI AUTOGRFT FACE/NCK/HND /FT/GEN , EA 100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15120	PR SPLIT GRFT,HEAD,FAC,HAND,FEET <100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15121	PR SPLIT GRFT,HEAD,FAC,HAND,FEET EA 100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15130	PR DERM AUTOGRFT, TRNK/ARM/LEG <100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15131	PR DERM AUTOGRFT TRNK/ARM/LEG , EA 100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15135	PR DERM AUTOGRAFT FACE/NCK/HND /FT/GEN <100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15136	PR DERM AUTOGRAFT FACE/NCK/HND /FT/GEN, EA 100SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15150	PR CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15151	PR CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15152	PR CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15155	PR CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15156	PR CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15157	PR CLTR SKIN AGRFT F/S/N/H/F/G/M/DGT EA 100 EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15200	PR FULL THICK GRFT TRUNK <20 SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15201	PR FULL THICK GRFT TRUNK ADD 20 SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15220	PR FULL THICK GRFT SCALP,ARM,LEG <20SQC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15221	PR FULL THICK GRFT SCALP,ARM ADD 20SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15240	PR FULL THICK GRFT HEAD,FAC,HAND <20SQC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15241	PR FULL THICK GRFT HEAD,FAC,HA ADD 20SQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15260	PR FULL THICK GRFT NOS,EAR,LID <20SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15261	PR FULL THICK GRFT NOS,EAR,LID ADD 20SQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15271	ACELL GRAFT TRUNK ARAMS LEG TO 100 SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15272	PR APP SKN SUB GRFT T/A/L AREA/<100SCM EA ADL 25SCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15273	PR APP SKN SUB GRFT T/A/L AREA/>100SCM 1ST 100SCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15274	PR APP SKN SUB GRFT T/A/L AREA/>100SCM ADL 100SCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15275	PR SUB GRFT F/S/N/H/F/G/M/D /<100SCM /<1ST 25 SCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15276	PR SUB GRFT F/S/N/H/F/G/M/D /<100SCM EA ADL 25SCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15277	PR SUB GRFT F/S/N/H/F/G/M/D />100SCM 1ST 100SCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15278	PR SUB GRFT F/S/N/H/F/G/M/D />100SCM ADL 100SCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
15570	PR FORM SKIN PEDICLE FLAP TRUNK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15572	PR FORM SKIN PEDICLE FLAP SCALP,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15574	PR FORM SKIN PEDICLE FLAP FACE,GEN,HAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15576	PR FORM SKIN PEDICLE FLAP LID,EAR,NOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15600	PR DELAY/SECTN FLAP TRUNK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15610	PR DELAY/SECTN FLAP SCALP,ARM,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15620	PR DELAY/SECTN FLAP FACE,GENIT,HAND,FT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15630	PR DELAY/SECTN FLAP LID,NOS,EAR,LIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
15650	PR TRANSFER SKIN PEDICLE FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15730	PR MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15731	PR FOREHEAD FLAP W/VASC PEDICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15733	PR MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15734	PR MUSCLE-SKIN FLAP,TRUNK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15736	PR MUSCLE-SKIN FLAP,ARM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15738	PR MUSCLE-SKIN FLAP,LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15740	PR FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15750	PR NEUROVASCULAR PEDICLE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15756	PR FREE MUSC-SKIN FLAP W/MICROVASC ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15757	PR FREE SKIN FLAP W MICROVASC ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15758	PR FREE FASCIAL FLAP W MICROVASC ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15760	PR COMPOSITE SKIN GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15769	PR GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15770	PR DERMA-FAT-FASCIA GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15771	PR GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15772	PR GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15773	PR GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15774	PR GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15775	PR HAIR XPLANT PUNCH GRFT 1-15	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15776	PR HAIR XPLANT PUNCH GRFT >15	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15777	PR IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15778	PR IMPLANTATION OF ABSORBABLE MESH OR OTHER PROSTHESIS FOR DELAYED CLOSURE OF DEFECT(S) (IE, EXTERNAL GENITALIA, PERINEUM, ABDOMINAL WALL) DUE TO SOFT TISSUE INFECTION OR TRAUMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15780	PR DERMABRAS RX SKIN TOTAL FACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15781	PR DERMABRAS RX SKIN SGMENT FACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15782	PR DERMABRAS RX SKIN REGIONAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15783	PR DERMABRAS RX SKIN SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15786	PR ABRASION SINGLE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15787	PR ABRASION, EACH ADDN 4 OR LESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15788	PR CHEM PEEL, FACE, EPIDERM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15789	PR CHEM PEEL, FACE, DERMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15792	PR CHEM PEEL, NONFACIAL EPIDERM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15793	PR CHEM PEEL, NONFACIAL DERMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15820	PR REVISION OF LOWER EYELID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15821	PR REV LOWER EYELID EXTEN FAT PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15822	PR REVISION OF UPPER EYELID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15822	PR REVISION OF UPPER EYELID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15823	PR REV UPPER EYELID W EXCESS SKIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
15823	PR REV UPPER EYELID W EXCESS SKIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15824	PR REMOVAL OF FOREHEAD WRINKLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15825	PR REMOV NECK WRINKLES W PLTSY TIGHT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15826	PR REMOVAL OF BROW WRINKLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15828	PR REML OF CHEEK,CHIN,NECK WRINKLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15829	PR REMOVAL OF SKIN WRINKLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15830	PR EXCISE EXCESS SKIN TISSUE,ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15832	PR EXCISE EXCESS SKIN TISSUE,THIGH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15833	PR EXCISE EXCESS SKIN TISSUE,LEG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
15834	PR EXCISE EXCESS SKIN TISSUE,HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
15835	PR EXCISE EXCESS SKIN TISSUE,BUTTOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15836	PR EXCISE EXCESS SKIN TISSUE,ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
15837	PR EXCISE EXCESS SKIN TISSUE,FOREARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
15838	PR EXCISE EXCESS SKIN TISSUE,SUBMENTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15839	PR EXCISE EXCESS SKIN TISSUE,OTHER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15840	PR GRAFT FACE N PALSY,FREE FASCIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15841	PR GRAFT FACE N PALSY,FREE MUSCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15842	PR GRAFT FACE FREE MUSCLE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15845	PR GRAFT FACE N PALSY,REGN MUSC XFER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15847	PR EXCISE EXCESS SKIN TISSUE,ABDOMEN, ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15851	PR REMOVAL OF SUTURES OR STAPLES REQUIRING ANESTHESIA (IE, GENERAL ANESTHESIA, MODERATE SEDATION)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
15852	PR DRESSING CHANGE,NOT FOR BURN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15853	PR REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA (LIST SEPARATELY IN ADDITION TO E/M CODE)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15854	PR REMOVAL OF SUTURES AND STAPLES NOT REQUIRING ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15860	PR IV INJ TO TEST BLOOD FLOW IN FLAP/GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15876	PR SUCT ASSIS LIPECTOMY,HEAD/NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
15877	PR SUCT ASSIS LIPECTOMY,TRUNK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
15878	PR SUCT ASSIS LIPECTOMY,UP EXTREM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15879	PR SUCT ASSIS LIPECTOMY,LO W EXTREM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
15920	PR EXC COCCYX/ULCE R W SUTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15922	PR EXC COCCYX/ULCE R W FLAP CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15931	PR EXC SACR PRESS ULC W PRI SUTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15933	PR EXC SACR PRESS ULC BONE & SUTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15934	PR EXC SACR PRESS ULC W FLAP CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15935	PR EXC SACR PRESS ULC BONE & FLAP CLO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15936	PR EXC SACR PRESS ULC W MUSC FLAP CLO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15937	PR EXC SACR PRESS ULC BONE/W MUSC FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15940	PR EXC ISCH PRES ULC W PRIM CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15941	PR EXC ISCH PRES ULC & BONE PRIM CLO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15944	PR EXC ISCH PRES ULC W FLAP CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15945	PR EXC ISCH PRES ULC & BONE FLAP CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15946	PR EXC ISCH PRES ULC BONE MYOCUT FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15950	PR EXC TROC PRES ULC W PRIM CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15951	PR EXC TROC PRES ULC & BONE PRIM CLO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15952	PR EXC TROC PRES ULC W FLAP CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15953	PR EXC TROC PRES ULC & BONE FLAP CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
15956	PR EXC TROC PRES ULC W MYOCUT FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15958	PR EXC TROC PRES ULC BONE MYOCUT FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
15999	PR EXC PRES ULCER UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
16000	PR INITIAL RX BURN(S) 1ST DEGREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
16020	PR DRESS/DEBRID SMALL BURN NO ANES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
16025	PR DRESS/DEBRID MED BURN NO ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
16030	PR DRESS/DEBRID LARGE BURN NO ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
16035	PR ESCHAROTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
16036	PR INCISION OF BURN SCAB, EACH ADDNTL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
17000	PR DESTRUC PREMALIGNANT, FIRST LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
17003	PR DESTRUC PREMALIGNANT,2-14 LESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17004	PR DESTRUC PREMALIGNANT,15+ LESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17106	PR DESTRUC CUT/VASC <10SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
17107	PR DESTRUC CUT/VASC 10-50 SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
17108	PR DESTRUC CUT/VASC >50 SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
17111	DESTRUCTION BENIGN LESIONS 15 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
17250	PR CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17260	PR DESTR MALIG TRUNK,EXTREM <0.6 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17261	PR DESTR MALIG TRUNK,EXTREM 0.6-1 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17262	PR DESTR MALIG TRUNK,EXTREM 1.1-2 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17263	PR DESTR MALIG TRUNK,EXTREM 2.1-3 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17264	PR DESTR MALIG TRUNK,EXTREM 3.1-4 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17266	PR DESTR MALIG TRUNK,EXTREM >4.0 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17270	PR DESTR MALIG SCAL,NCK,HAND <0.6 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17271	PR DESTR MALIG SCAL,NCK,HAND 0.6-1 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17272	PR DESTR MALIG SCAL,NCK,HAND 1.1-2 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
17273	PR DESTR MALIG SCAL,NCK,HAND 2.1-3 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17274	PR DESTR MALIG SCAL,NCK,HAND 3.1-4 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17276	PR DESTR MALIG SCAL,NCK,HAND >4 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17280	PR DESTR MALIG FACE,NOSE,LIP <0.6 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17281	PR DESTR MALIG FACE,NOSE,LIP 0.6-1 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17282	PR DESTR MALIG FACE,NOSE,LIP 1.1-2 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17283	PR DESTR MALIG FACE,NOSE,LIP 2.1-3 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17284	PR DESTR MALIG FACE,NOSE,LIP 3.1-4 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17286	PR DESTR MALIG FACE,NOSE,LIP >4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17311	PR MOHS, 1 STAGE, HEAD/NECK/HAND/FEET/GENITAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
17312	PR MOHS, ADDL STAGE, HEAD/NECK/HAND/FEET/GENITAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17313	PR MOHS, 1 STAGE, TRUNK/ARM/LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17314	PR MOHS, ADDL STAGE, TRUNK/ARM/LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17315	PR MOHS SURG, ADDL BLOCK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
17340	PR CRYOTHERAPY ACNE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
17360	PR SKIN PEEL THERAPY ACNE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
17380	PR HAIR REMOV ELECTROLYSIS EA 30 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
17999	PR SKIN TISSUE PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19000	PR PUNC/ASPIR BREAST CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19001	PR PUCT/ASPIR BREAST CYST,EACH ADDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19020	PR EXPLO/DRAIN BREAST ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19030	PR INJECT DUCTOGRAM/GALACTOGRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19081	PR BX BREAST W DEVICE 1ST LESION STEREOTACTIC GUIDE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19082	PR BX BREAST W DEVICE ADDL LESION STEREOTACT GUIDE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19083	PR BX BREAST W DEVICE 1ST LESION ULTRASOUND GUIDE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19084	PR BX BREAST W DEVICE ADDL LESION ULTRASOUND GUIDE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19085	PR BX BREAST W DEVICE 1ST LESION MAGNETIC RES GUIDE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19086	PR BX BREAST W DEVICE ADDL LESION MAGNET RES GUIDE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19100	PR BIOPSY OF BREAST, NEEDLE CORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
19101	PR BIOPSY OF BREAST, INCISIONAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
19110	PR NIPPLE EXPLORATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19112	PR EXCISE BREAST DUCT FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19120	PR REMOVAL OF BREAST LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19125	PR EXCISE BREAST LES W XRAY MARKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19126	PR EXCISE BREAST LES XRAY MARK ADDNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19281	PR PERQ DEVICE PLACEMT BREAST LOC 1ST LES W GUIDNCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19282	PR PERQ DEVICE PLACEMT BREAST LOC EA LES W GUIDNCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19283	PR PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19284	PR PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19285	PR PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19286	PR PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19287	PR PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19288	PR PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19294	PR PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19296	PR PLACE POSTOP BREAST CATH FOR RAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19297	PR PLACE INTRAOP BREAST CATH FOR RAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19298	PR PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19300	PR MASTECTOMY FOR GYNECOMASTIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19301	PR MASTECTOMY, PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19302	PR MASTECTOMY, PARTIAL, WITH AXILLARY LYMPHADENECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19303	PR MASTECTOMY, SIMPLE, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19305	PR MASTECTOMY, RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19306	PR MASTECTOMY, RADICAL, URBAN TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19307	PR MASTECTOMY, MODIFIED RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19316	PR SUSPENSION OF BREAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19318	PR BREAST REDUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19325	PR BREAST AUGMENTATION WITH IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19328	PR REMOVAL INTACT BREAST IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19330	PR RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19340	PR INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19342	PR INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19350	PR NIPPLE/AREOLA RECONSTRUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19355	PR CORRECT INVERTED NIPPLE(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19357	PR TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19361	PR BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
19364	PR BREAST RECONSTRUCTION W/FREE FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19367	PR BREAST RECONSTRUCTION SINGLE PEDICLED TRAM FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19368	PR BREAST RECONSTRUCTION 1PEDICLED TRAM FLAP ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19369	PR BREAST RECONSTRUCTION BIPEDICLED TRAM FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19370	PR REVISION PERI-IMPLANT CAPSULE BREAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19371	PR PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19380	PR REVISION OF RECONSTRUCTED BREAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
19396	PR DESIGN CUSTOM BREAST IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
19499	PR BREAST SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20100	PR EXPLORE WOUND,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20101	PR EXPLORE WOUND,CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20102	PR EXPLORE WOUND,ABDOMEN/FLANK/BACK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20103	PR EXPLORE WOUND,EXTREMITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20150	PR EXCISION OF EPIPHYSEAL BAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20200	PR MUSCLE BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
20205	PR DEEP MUSCLE BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
20206	PR NEEDLE BIOPSY,MUSCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
20220	PR BONE BIOPSY,TROCAR/NEEDLE SUPERF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20225	PR BONE BIOPSY,TROCAR/NEEDLE DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
2022F	PR DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
2023F	PR DILATED RETINAL EXAM W/O EVIDENCE OF RETINOPATHY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
20240	PR BIOPSY BONE OPEN SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20245	PR BIOPSY BONE OPEN DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
20250	PR OPEN BONE BIOP VERT DORSAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
20251	PR OPEN BONE BIOP VERT LUMB/CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
20500	PR INJECT SINUS TRACT THERAPUTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20501	PR INJECT SINUS TRACT FOR DX W XRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20520	PR REMOVAL OF FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
20525	PR REMOVAL OF FOREIGN BODY DEEP/COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
20526	PR INJECT CARPAL TUNNEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20527	PR INJECTION ENZYME PALMAR FASCIAL CORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20550	PR INJECT TENDON SHEATH/LIGAMENT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
20550	PR INJECT TENDON SHEATH/LIGAMENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
20551	PR INJECT TENDON ORIGIN/INSERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20552	PR INJECT TRIGGER POINT, 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20553	PR INJECT TRIGGER POINTS, > 3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20604	PR ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20606	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20611	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20612	PR ASPIRAT/INJECTION GANGLION CYST(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20615	PR ASPIR/INJEC BONE CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20650	PR INSERT AND REMOVE BONE PIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20660	PR APPLY/REMOV E CRANIAL FIX DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20661	PR APPLY/REMOV E HALO CRANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20662	PR APPLY/REMOV E PELVIS BRACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20663	PR APPLY/REMOV E THIGH BRACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20664	PR APPLY HALO 6/> PINS THIN SKULL OSTEOLOGY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20665	PR REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20670	PR REMOVAL SUPERFICIAL IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20680	PR REMOVAL DEEP IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20690	PR APPLY BONE UNIPLANE,EXT FIX DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20692	PR APPLY BONE MULTIPLAN,EX T FIX DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20693	PR ADJUST EXTERN BONE FIX DEV W ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20694	PR REMOVE EXTERN BONE FIX DEV W ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20696	PR COMP ASSIST MULTIPLANE EXT FIXATION, INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20697	PR COMP ASSIST MULTIPLANE EXT FIXATION, CHANGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
20700	PR MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20701	PR REMOVAL DEEP DRUG DELIVERY DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20702	PR MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20703	PR REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20704	PR MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20705	PR REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20802	PR REPLANTATION, ARM, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20805	PR REPLANT FOREARM, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20808	PR REPLANTATION, HAND, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20816	PR REPLANTATION DIGIT MCP, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20822	PR REPLANTATION DIGIT DISTAL, COMPLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20824	PR REPLANTATION THUMB MCP, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20827	PR REPLANTATION THUMB DISTAL,COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20838	PR REPLANTATION, FOOT, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20900	PR REMV BONE FOR GRAFT MINOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20902	PR REMV BONE FOR GRAFT MAJOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20910	PR REMV CARTILAGE FOR GRAFT COSTOCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20912	PR REMV CARTILAGE FOR GRAFT NASAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20920	PR REMV FASCIA FOR GRAFT STRIPPER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20922	PR REMV FASCIA FOR GRAFT INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20924	PR REMV TENDON FOR GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20931	PR ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20932	PR OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20933	PR HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20934	PR INTERCALARY ALLOGRAFT COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICO RT SEP INCISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20939	PR BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20950	PR RECORD FLUID PRESSURE,MU SCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20955	PR MICROVASCUL AR FIBULA GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20956	PR MICROVASCUL AR ILIAC CREST GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20957	PR MICROVASCULAR METATARSAL GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20962	PR MICROVASCULAR BONE GRAFT,OTHER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20969	PR BONE-SKIN GRAFT, MICROVASCULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20970	PR BONE-SKIN GRAFT, MICROVAS ILIA CREST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20972	PR BONE-SKIN GRAFT, MICROVASC METATARS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20973	PR BONE-SKIN GRAFT, MICROVASC GREAT TOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20974	PR ELECT BONE STIM NONINVASIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20975	PR ELECT BONE STIM INVASIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20979	PR US,BONE,STIMULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
20982	PR ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
20999	PR MUSCULOSKELETAL SURGERY UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21010	PR INCISION OF JAW JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21011	EXC FACE LES SC < 2 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21012	PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21013	EXCISION,TUMOR,SOFT TISSUE FACE/SCALP;LESS THAN 2 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21013	EXCISION,TUMOR,SOFT TISSUE FACE/SCALP;LESS THAN 2 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21014	EXC FACE TUM DEEP = 2 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21015	PR RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21016	PR RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21025	PR EXCISION OF BONE, LOWER JAW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21026	PR EXCISION OF FACIAL BONE(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21029	PR CONTOUR OF FACE BONE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21030	PR EXCISION,BENIGN TUMOR,MAXILLA/ZYGOMA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
21031	PR EXCISION,TORUS MANDIBULARIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21032	PR EXCISION,MAXILLARY TORUS PALATINUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21034	PR EXCISION,MALIG TUMOR, MAXILLA/ZYGOMA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21040	PR EXCISION,BENIGN TUMOR,MANDIBLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21044	PR REMV MALIG JAW BONE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21045	PR REMV MALIG JAW BONE RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21046	PR EXCISION,BEN TUMOR,MANDIBLE,INTRA-ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21047	PR EXCISION,BEN TUMOR,MANDIBLE,EXTRA-ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21048	PR EXCISION,BEN TUMOR,MAXILLA,INTRA-ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21049	PR EXCISION,BEN TUMOR,MAXILLA,EXTRA-ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21050	PR REMV JAW JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21060	PR REMV JAW JOINT CARTILAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21070	PR REMV CORONOID PROCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21073	PR MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21076	PR PREP FACE/ORAL PROST OBTURATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21077	PR PREP FACE/ORAL PROST ORBITAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21079	PR PREP FACE/ORAL PROST TEMP OBTURATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21080	PR PREP FACE/ORAL PROST FINL OBTURATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21081	PR PREP FACE/ORAL PROST MANDIBULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21082	PR PREP FACE/ORAL PROST PALATE AUGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21083	PR PREP FACE/ORAL PROST PALATAL LIFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21084	PR PREP FACE/ORAL PROST SPEECH AID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21085	PR PREP FACE/ORAL PROST ORAL SPLINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21086	PR PREP FACE/ORAL PROST AURICULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
21087	PR PREP FACE/ORAL PROST NASAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21088	PR PREP FACE/ORAL PROST FACIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21089	PR PREP FACE/ORAL PROST UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21100	PR MAXILLOFACIAL FIXATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21110	PR INTERDENTAL FIXATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21116	PR INJECTION, JAW JOINT X-RAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21120	PR RECONST CHIN AUGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21121	PR RECONST CHIN SLIDE SINGL OSTEOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21122	PR RECONST CHIN SLIDE MULTIP OSTEOTMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21123	PR RECONST CHIN SLIDE INTERPOS GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21125	PR AUGMENT LOWER JAW BONE,PROSTHETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21127	PR AUGMENT LOWER JAW BONE,BONE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21137	PR REDUC FOREHEAD,CONTOURING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21138	PR REDUC FOREHEAD,CONTOUR+GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21139	PR REDUC FOREHEAD,CONTOUR +SETBACK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21141	PR RECONST FACE,LEFORT I,1 PIECE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21142	PR RECONST FACE,LEFORT I,2 PIECES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21143	PR RECONST FACE,LEFORT I,3+ PIECES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21145	PR RECONST FACE,LEFORT I,1 PIECE+GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21146	PR RECONST FACE,LEFORT I,2 PIECES +GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21147	PR RECONST FACE,LEFORT I,3+PIECES +GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21150	PR RECONST FACE,LEFORT II	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21151	PR RECONST FACE,LEFORT II +GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21154	PR RECONST FACE,LEFORT III	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21155	PR RECONST FACE,LEFORT III+LEFORT I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21159	PR RECONST FACE,LEFORT III COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21160	PR RECONST FACE,LEFORT III+I COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21172	PR RECONST ORBIT/FOREHEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21175	PR RECONST ORBIT/FOREHEAD BIFRONTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21179	PR RECONST ENTIRE FOREHEAD +GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21180	PR RECONST ENTIRE FOREHEAD +AUTOGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21181	PR CONTOUR CRANIAL BONE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21181	PR CONTOUR CRANIAL BONE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21182	PR RECONST ORB/FORHD/NASOETH,GRAFT< 40 SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21183	PR RECON ORB/FORHD/NA SOETH,GRFT 40-80 SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21184	PR RECONST ORB/FORHD/NA SOETH,GRAFT> 80 SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21188	PR RECONST MIDFACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21193	PR RECONST MANDIBLE,C/L OSTEOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21194	PR RECONST MANDIBLE,C/L OSTEO+GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21195	PR RECONST MANDIBLE,SAG SPLIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21196	PR RECONST MANDIBLE,SAG SPLIT+FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21198	PR OSTEOTOMY, MANDIBLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21199	PR RECONST MANDIBLE,GLO SSAL ADVANCEMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21206	PR RECONST MAXILLA,SEGM ENTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21208	PR AUGMENT FACIAL BONES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21209	PR REDUCTION OF FACIAL BONES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21210	PR NASAL,MAXILLA,MALAR BONE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21215	PR MANDIBLE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21230	PR RIB CARTILAGE GRAFT TO FACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21235	PR EAR CARTILAGE GRAFT TO FACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21235	PR EAR CARTILAGE GRAFT TO FACE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
21240	PR ARTHROPLASTY TMJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21242	PR ARTHROPLASTY TMJ +ALLOGRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21243	PR ARTHROPLASTY TMJ +PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21244	PR RECONSTR MANDIBLE,BONE PLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21245	PR RECONSTR JAW,PART-SUB IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21246	PR RECONSTR JAW,FULL-SUB IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21247	PR RECONSTR MANDIB CONDYLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21248	PR RECONSTR JAW,PART-ENDO IMPLNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21249	PR RECONSTR JAW,FULL,END O IMPLNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
21255	PR RECONSTR ZYGOMA/GLEN OID FOSSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21256	PR RECONSTR OF ORBIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21260	PR REVISE ORBITS,EXTRA CRANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21261	PR REVISE ORBITS,INTRA/ EXTRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21263	PR REVISE ORBITS,FOREH D ADVANC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21267	PR REPOSITN ORBITS,EXTRA CRAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21268	PR REPOSITN ORBITS,INTRA/ EXTRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21270	PR AUGMENTATIO N CHEEK BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21275	PR REVISION ORBITOFACIAL BONES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21280	PR REVISION OF EYELID,MEDIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21282	PR REVISION OF EYELID,LATERA L	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21295	PR REVISN JAW MUSCLE/BONE, EXTRAORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21296	PR REVISN JAW MUSCLE/BONE, INTRAORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21299	PR CRANIO/MAXILL OFACIAL SURG UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21315	PR CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21320	PR CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATI ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21325	PR OPEN RX NOSE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21325	PR OPEN RX NOSE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21330	PR OPEN RX NOSE FX COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21330	PR OPEN RX NOSE FX COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21335	PR OPEN RX NOSE FX +OPEN FIX SEPTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21335	PR OPEN RX NOSE FX +OPEN FIX SEPTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21336	PR OPEN RX NASAL SEPTAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21336	PR OPEN RX NASAL SEPTAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21337	PR CLOSED RX NASAL SEPTAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21337	PR CLOSED RX NASAL SEPTAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21338	PR REPAIR NASOETHMOID FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21338	PR REPAIR NASOETHMOID FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21339	PR REPAIR NASOETHMOID FX+EXTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21339	PR REPAIR NASOETHMOID FX+EXTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21340	PR REPAIR NASOETHMOID COMPLEX FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21340	PR REPAIR NASOETHMOID COMPLEX FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21343	PR OPEN RX DEPRES FRONTAL SINUS FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21343	PR OPEN RX DEPRES FRONTAL SINUS FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21344	PR OPEN RX COMPLIC FRONT SINUS FRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21344	PR OPEN RX COMPLIC FRONT SINUS FRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21345	PR CLOSED RX NOSE/JAW FRAC+WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21345	PR CLOSED RX NOSE/JAW FRAC+WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21346	PR OPEN RX NOSE/JAW FRACT+WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21346	PR OPEN RX NOSE/JAW FRACT+WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21347	PR OPEN RX NOSE/JAW FRACT/COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21347	PR OPEN RX NOSE/JAW FRACT/COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21348	PR OPEN RX NOSE/JAW FRACT+GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21348	PR OPEN RX NOSE/JAW FRACT+GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21355	PR CLOSED REPAIR CHEEK BONE FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21355	PR CLOSED REPAIR CHEEK BONE FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21356	PR OPEN RX DEPRESS ZYGOMA FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21356	PR OPEN RX DEPRESS ZYGOMA FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21360	PR OPEN RX DEPRESS MALAR FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21360	PR OPEN RX DEPRESS MALAR FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21365	PR OPEN RX COMPLX CHEEK BONE FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21365	PR OPEN RX COMPLX CHEEK BONE FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21366	PR OPEN RX COMPLX CHEEK FX +GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21366	PR OPEN RX COMPLX CHEEK FX +GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21385	PR REPAIR EYE BLOWOUT,TRANSANTRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21385	PR REPAIR EYE BLOWOUT,TRANSANTRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21386	PR REPAIR EYE BLOWOUT,PERIORBITAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21386	PR REPAIR EYE BLOWOUT,PERI ORBITAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21387	PR REPAIR EYE BLOWOUT,COM BINED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21387	PR REPAIR EYE BLOWOUT,COM BINED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21390	PR REPAIR EYE BLOWOUT,PERI ORB+IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21395	PR REPAIR EYE BLOWOUT,PERI ORB+GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21400	PR CLOSED RX FX ORBIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21401	PR CLOSED RX FX ORBIT W MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21406	PR OPEN RX FX ORBIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21406	PR OPEN RX FX ORBIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21407	PR OPEN RX FX ORBIT W IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21407	PR OPEN RX FX ORBIT W IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21408	PR OPEN RX FX ORBIT W GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21408	PR OPEN RX FX ORBIT W GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21421	PR CLOSED RX LEFORTE I +WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21421	PR CLOSED RX LEFORTE I +WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21422	PR OPEN RX LEFORTE I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21422	PR OPEN RX LEFORTE I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21423	PR OPEN RX LEFORTE I,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21423	PR OPEN RX LEFORTE I,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21431	PR CLOSED RX LEFORTE III +WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21431	PR CLOSED RX LEFORTE III +WIRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21432	PR OPEN RX LEFORTE III +FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21432	PR OPEN RX LEFORTE III +FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21433	PR OPEN RX LEFORTE III,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21433	PR OPEN RX LEFORTE III,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21435	PR OPEN RX LEFORTE III,COMPL +FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21435	PR OPEN RX LEFORTE III,COMPL +FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21436	PR OPEN RX LEFORTE III,COMPL+++	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21436	PR OPEN RX LEFORTE III,COMPL+++	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21440	PR CLOSED RX DENTAL RIDGE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21440	PR CLOSED RX DENTAL RIDGE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21445	PR OPEN RX DENTAL RIDGE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21445	PR OPEN RX DENTAL RIDGE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21450	PR CLOSED RX MANDIBLE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21450	PR CLOSED RX MANDIBLE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21451	PR CLOSED RX MANDIBLE FX +MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21451	PR CLOSED RX MANDIBLE FX +MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21452	PR PERCUT RX MANDIBLE FX EXT FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21452	PR PERCUT RX MANDIBLE FX EXT FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21453	PR CLOSED RX MANDIBLE FX +DENTAL FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21453	PR CLOSED RX MANDIBLE FX +DENTAL FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21454	PR OPEN RX MANDIBLE FX +EXTERN FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21454	PR OPEN RX MANDIBLE FX +EXTERN FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21461	PR OPEN RX MANDIBLE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21461	PR OPEN RX MANDIBLE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21462	PR OPEN RX MANDIBLE FX +DENTAL FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21462	PR OPEN RX MANDIBLE FX +DENTAL FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21465	PR OPEN RX MANDIBLE CONDYLE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21465	PR OPEN RX MANDIBLE CONDYLE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21470	PR OPEN RX MANDIBLE CONDYLE FX,COMPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21470	PR OPEN RX MANDIBLE CONDYLE FX,COMPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21480	PR REDUCE TEMPOROMAN DIBL DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21480	PR REDUCE TEMPOROMAN DIBL DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21480	PR REDUCE TEMPOROMAN DIBL DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21485	PR REDUCE TEMPOROMAN DIBL DISLOC,COMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21485	PR REDUCE TEMPOROMAN DIBL DISLOC,COMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21485	PR REDUCE TEMPOROMAN DIBL DISLOC,COMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21490	PR OPEN REDUCTN TEM-MANDIBLE DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21490	PR OPEN REDUCTN TEM-MANDIBLE DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21493	PR CLOSED RX HYOID BONE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21494	PR CLOSED RX HYOID FX +MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21495	PR OPEN RX HYOID BONE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21497	PR INTERDENTAL WIRING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21499	PR HEAD SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21501	PR I&D DEEP ABSC/HEMATOMA NECK/CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21502	PR I&D DEEP ABSC NECK/CHST +RIB CUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21510	PR INCIS BONE CORTEX THORAX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
21550	PR BIOPSY SOFT TISSUE NECK/CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
21552	PR EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21554	PR EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21555	PR EXCISE LESN NECK/CHEST,SUBCUTAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21556	PR EXCISE LESN NECK/CHEST,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21557	PR RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21558	PR RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21600	PR PARTIAL REMOVAL OF RIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21601	PR EXCISION CHEST WALL TUMOR INCLUDING RIBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21602	PR EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21603	PR EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21610	PR COSTOTRANSVERSECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21615	PR REMOVAL 1ST/CERVICAL RIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21616	PR REMOVAL 1ST RIB/NERVES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21620	PR PARTIAL REMOVAL OF STERNUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21627	PR STERNAL DEBRIDEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21630	PR RADICAL RESECTN STERNUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21685	PR HYOID MYOTOMY & SUSPENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21700	PR DIVIDE SCALENUS ANTICUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21705	PR DIVIDE SCALENUS +RESECT CERV RIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21720	PR DIVIDE STERNOMASTOID OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21725	PR DIVIDE STERNOMASTOID OPEN+CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21740	PR RECONST PECTUS EXCAV/CARIN, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21742	PR RECONST PECTUS EXCAV/CARIN W/0 THORACOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21743	PR RECONST PECTUS EXCAV/CARIN W/ THORACOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
21750	PR CLOSE MED STERNOTOMY SEP, W/WO DEBRIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21800	PR CLOSED RX RIB FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21805	PR OPEN RX RIB FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21805	PR OPEN RX RIB FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21810	PR RX RIB FRACTURE W EXTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21810	PR RX RIB FRACTURE W EXTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21811	PR OPEN TX RIB FX W/FIXJ THORACOSCO PIC VIS 1-3 RIBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21811	PR OPEN TX RIB FX W/FIXJ THORACOSCO PIC VIS 1-3 RIBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21812	PR OPEN TX RIB FX W/FIXJ THORACOSCO PIC VIS 4-6 RIBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21812	PR OPEN TX RIB FX W/FIXJ THORACOSCO PIC VIS 4-6 RIBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21813	PR OPEN TX RIB FX W/FIXJ THORACOSCO PIC VIS 7+ RIBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21813	PR OPEN TX RIB FX W/FIXJ THORACOSCO PIC VIS 7+ RIBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21820	PR CLOSED RX STERNUM FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21820	PR CLOSED RX STERNUM FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21825	PR OPEN RX STERNUM FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
21899	PR NECK/CHEST PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
21920	PR BIOPSY SOFT TISSUE BACK,SUPERF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
21925	PR BIOPSY SOFT TISSUE BACK,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
21930	PR EXCISE LESION,BACK OR FLANK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21931	EXC BACK LES SC = 3 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21932	EXCISSION BACK TUM DEEP > 5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21933	PR EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21935	PR RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
21936	PR RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22010	PR I&D, POST SPINE, CERV/THOR/CERV-THOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22015	PR I&D, POST SPINE, LUMB/SACR/LUMBOSAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22100	PR REMV PART POST CERV VERT,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22101	PR REMV PART POST THOR VERT,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22102	PR REMV PART POST LUMB VERT,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22103	PR REMV PART POST VERT,EA ADDN SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22110	PR REMV PART CERV VERT BODY,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22112	PR REMV PART THOR VERT BODY,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22114	PR REMV PART LUMB VERT BODY,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22116	PR REMV PART VERT BODY,EA ADDN SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22206	PR OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22207	PR OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22208	PR OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22210	PR OSTEOTOMY CERV SP,POST,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22212	PR OSTEOTOMY THOR SP,POST,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22214	PR OSTEOTOMY LUMB SP,POST,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22216	PR OSTEOTOMY,POST,EA ADDN SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22220	PR OSTEOTOMY CERV SP,ANT,REMV DISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22222	PR OSTEOTOMY THOR SP,ANT,REMV DISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22224	PR OSTEOTOMY LUMB SP,ANT,REMV DISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22226	PR OSTEOTOMY,DISCECT,ANT,EA ADDNL SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22305	PR CLOSED TREAT SPINE PROCESS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
22310	PR CLOSED TREAT VERT BODY FRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22315	PR CLOSED TREAT VERT BODY FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22318	PR ODONTOID FX,W/O GRAFT,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22319	PR ODONTOID,FX,GRAFTING,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22325	PR OPEN POST RX LUMB VERT FX,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22326	PR OPEN POST RX CERV VERT FX,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22327	PR OPEN POST RX THOR VERT FX,1 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22328	PR OPEN POST REPAIR EA ADDN VERT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22505	PR MANIPULATION SPINE W ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22510	PR PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22511	PR PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22512	PR VERTEBROPLASTY EACH ADDL CERVICOTHOR/ LUMBOSACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22513	PR PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22514	PR PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22515	PR PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22526	PR PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22527	PR PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22532	PR LAT THORAX SPINE FUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22533	PR LAT LUMBAR SPINE FUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22534	PR LAT THOR/LUMB, ADDL SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22548	PR CERV SPINE FUSN,ANTER,CLIVUS-C1-C2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22551	PR ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22552	PR ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2 EACH ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22554	PR CERV SPINE FUSN,ANTER,BELOW C2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22556	PR THORAX SPINE FUSION,ANTER APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22558	PR LUMBAR SPINE FUSION,ANTER APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22585	PR SPINAL FUSION,ANT,EA ADNL LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22586	PR ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5/S1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22590	PR CRANIOCERV FUSN,POST TECHNIQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22595	PR CERV C1-2 FUSN,POSTER TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22600	PR ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22610	PR ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22612	PR ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22614	PR ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22630	PR LUMBAR SPINE FUSN,POST INTRBDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22632	PR LUMB SP FUSN,POST INTERBDY,EA ADDNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22633	PR ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22634	PR ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22800	PR SPINE FUSN,POSTER, UP TO 6 SGMTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22802	PR SPINE FUSION,POSTER,7-12 SGMTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22804	PR SPINE FUSION,POSTER,13+ SGMTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22808	PR SPINE FUSION,ANTER, 3 SGMTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22810	PR SPINE FUSION,ANTER, 4-7 SGMTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22812	PR SPINE FUSION,ANTER, 8+ SGMTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22818	PR KYPHECTOMY, 1-2 SEGMENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22819	PR KYPHECTOMY, 3 & MORE SEGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22830	PR EXPLORATION OF SPINAL FUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22848	PELVIC FIXATION OTHER THAN SACRUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22849	PR REINSERT SPINAL FIXATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22850	PR REMOVE SPINE FIX DEV,HARRINGTON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22852	PR REMOVE SPINE FIX DEV,POST SGMTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22853	PR INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22854	PR INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22855	PR REMOVE SPINE FIX DEV,ANTERIOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22856	PR TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2022
22858	PR TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2022
22859	PR INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22861	PR REVISION TOTAL DISC ARTHROPLASTY, CERVICAL, SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22864	PR REMOVE TOTAL DISC ARTHROPLASTY, CERVICAL, SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2022
22865	PR REMOVE LUMBAR ARTIFICIAL DISC, SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22899	PR SPINE SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22900	PR REMOVE ABDOMINAL WALL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22901	PR EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22902	EXC ABD LES SC > 3CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22903	PR EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22904	PR RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
22905	PR RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
22999	PR ABDOMEN WALL SURG PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23000	PR REMOVAL SUBDELTOID CALCAREOUS DEP,OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23020	PR RELEASE SHLDR JOINT CONTRACTURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23030	PR INCIS/DRAIN SHLDR ABSC/HEMA,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23031	PR DRAIN INFECT SHOULDER BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23035	PR DRAIN SHOULDER BONE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23040	PR DEEP INCIS SHLDR BONE CORTEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23044	PR EXPLOR/REMV INFECT GLENO-HUM JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23065	PR EXPLOR INFECT A-C/S-C JT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
23066	PR BIOPSY SHLDR SOFT TISSUES,SUPERFIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23071	PR EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23073	PR EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23075	PR BIOPSY SHLDR SOFT TISSUES,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23076	PR EXCIS SUBCUT SHLDR TUMOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23077	PR RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23078	PR RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23100	PR OPEN BIOPSY SHOULDER JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23101	PR OPEN BX/EXCIS CART A-C/S-C JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23105	PR REMOVE SHOULDER JOINT SYNOVIUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23106	PR REMOVE STERNOCLAV JT SYNOVIUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23107	PR EXPLORE SHOULDER JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23120	PR PARTIAL REMOVAL, CLAVICLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23125	PR TOTAL REMOVAL OF CLAVICLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23130	PR PARTIAL REMOVAL/REPAIR,ACROMION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23140	PR EXCIS/CURET BENIGN TUMR CLAV/SCAPULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23145	PR EXCIS BENIGN TUMR CLAV/SCAP,AUTOGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23146	PR EXCIS BENIGN TUMR CLAV/SCAP,ALLOGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23150	PR EXCIS/CURET BENIGN TUMR PROX HUMERUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23155	PR EXCIS BENIG TUMR PROX HUMER,AUTOGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23156	PR EXCIS BENIG TUMR PROX HUMER,AUTOG RFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23170	PR SEQUESTRECTOMY, CLAVICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23172	PR SEQUESTRECTOMY, SCAPULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23174	PR SEQUESTRECTOMY,HUMER HEAD-SURG NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23180	PR PART EXCIS CLAVICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23182	PR PART EXCIS SCAPULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23184	PR PART EXCIS PROX HUMERUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23190	PR PART REMV SCAPULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23195	PR REMOVAL OF HEAD OF HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23200	PR RAD RESECT CLAVICLE FOR TUMOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23210	PR RAD RESECT SCAPULA FOR TUMOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23220	PR RAD RESECT PROX HUMERUS FOR TUMOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23330	PR REMOVE SUBCUT SHOULDER FOREIGN BODY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23330	PR REMOVE SUBCUT SHOULDER FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23333	PR REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23333	PR REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23334	PR PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23335	PR PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23350	PR INJ PROC SHOULDER ARTHROGRAPHY/CT/MRI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23395	PR MUSCLE TRANSFER,SHOULDER/ARM,SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23395	PR MUSCLE TRANSFER,SHOULDER/ARM,SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23397	PR MUSCLE TRANSFER,SHLDR/ARM,MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23397	PR MUSCLE TRANSFER,SHLDR/ARM,MULTIPLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23400	PR FIXATION OF SHOULDER BLADE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23400	PR FIXATION OF SHOULDER BLADE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23405	PR INCISE TENDON/MUSCLE,SHLDR,SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23405	PR INCISE TENDON/MUSCLE,SHLDR,SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23406	PR INCISE TENDON/MUSCLE,SHLDR,MULTIPLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23406	PR INCISE TENDON/MUSCLE,SHLDR,MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23410	PR REPAIR ROTATOR CUFF,ACUTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23410	PR REPAIR ROTATOR CUFF,ACUTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23412	PR REPAIR ROTATOR CUFF,CHRONIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23412	PR REPAIR ROTATOR CUFF,CHRONIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23415	PR CORACO-ACROMIAL LIG RELEASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23415	PR CORACO-ACROMIAL LIG RELEASE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23420	PR REPAIR COMPL ROTATOR CUFF AVULSN,CHR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23420	PR REPAIR COMPL ROTATOR CUFF AVULSN,CHR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23430	PR REPAIR BICEPS LONG TENDON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23430	PR REPAIR BICEPS LONG TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23440	PR REMV/TRANSPLANT LONG BICEPS TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23450	PR REPAIR SHOULDER CAPSULE,ANTERIOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23455	PR REPAIR SHOULDER CAPSULE,BANKART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23460	PR REPAIR SHLDR CAPSUL,ANT,B ONE BLOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23462	PR REPAIR SHLDR CAPSU,ANT,CORACOID XFER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23465	PR REPAIR SHLDR CAPSU,POST,RECUR DISLOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23466	PR REPAIR SHLDR CAPSU FOR INSTABILITY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23470	PR RECONSTRUCT PROX HUMERAL IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23472	PR RECONSTR TOTAL SHOULDER IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23473	PR REVIS SHOULDER ARTHRPLSTY HUMERAL/GLE NOID COMPNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23474	PR REVIS SHOULDER ARTHRPLSTY HUMERAL&GLE NOID COMPNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23480	PR OSTEOTOMY CLAVICLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23485	PR OSTEOTOMY CLAVICLE W BONE GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23490	PR REINFORCE CLAVICLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23491	PR REINFORCE PROX HUMERUS/HEAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23500	PR CLOSED RX CLAVICLE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23505	PR CLOSED RX CLAVICLE FX,MANIPULAT N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23515	OPEN TREATMENT CLAVICULAR FRACTURE INTERNAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23515	OPEN TREATMENT CLAVICULAR FRACTURE INTERNAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23520	PR CLOSED RX STERNO-CLAV DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23520	PR CLOSED RX STERNO-CLAV DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23520	PR CLOSED RX STERNO-CLAV DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23525	PR CLOSED RX STERN-CLAV DISLOC,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23525	PR CLOSED RX STERN-CLAV DISLOC,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23525	PR CLOSED RX STERN-CLAV DISLOC,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23525	PR CLOSED RX STERN-CLAV DISLOC,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23530	PR OPEN RX STERN-CLAV DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23530	PR OPEN RX STERN-CLAV DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23530	PR OPEN RX STERN-CLAV DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23532	PR OPEN RX STERN-CLAV DISLOC,FASC GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23532	PR OPEN RX STERN-CLAV DISLOC,FASC GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23532	PR OPEN RX STERN-CLAV DISLOC,FASC GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23540	PR CLOSED RX A-C JT DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23540	PR CLOSED RX A-C JT DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23540	PR CLOSED RX A-C JT DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23545	PR CLOSED RX A-C JT DISLOC,MANIP ULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23545	PR CLOSED RX A-C JT DISLOC,MANIP ULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23545	PR CLOSED RX A-C JT DISLOC,MANIP ULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23550	PR OPEN RX A-C JT DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23550	PR OPEN RX A-C JT DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23550	PR OPEN RX A-C JT DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23552	PR OPEN RX A-C JT DISLOC,FASCIA L GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23552	PR OPEN RX A-C JT DISLOC,FASCIA L GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23552	PR OPEN RX A-C JT DISLOC,FASCIA L GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23570	PR CLOSED RX SCAPULA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23570	PR CLOSED RX SCAPULA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23570	PR CLOSED RX SCAPULA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23575	PR CLOSED RX SCAPULA FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23575	PR CLOSED RX SCAPULA FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23585	PR OPEN RX SCAPULA FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23585	PR OPEN RX SCAPULA FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23600	PR CLOSED RX PROX HUMERUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23605	PR CLOSED RX PROX HUMERUS FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23615	OPEN TREATMENT PROX HUMERAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23615	OPEN TREATMENT PROX HUMERAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23616	OPEN PROX HUMERAL FRACTURE PROSHETIC REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23616	OPEN PROX HUMERAL FRACTURE PROSHETIC REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23620	PR CLOSED RX GR TUBEROSITY HUM FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23620	PR CLOSED RX GR TUBEROSITY HUM FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23625	PR CLOSED RX GR TUBER HUM FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23625	PR CLOSED RX GR TUBER HUM FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23630	PR OPEN RX GR TUBEROSITY FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23630	PR OPEN RX GR TUBEROSITY FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23650	PR CLOSED RX SHLDR DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23650	PR CLOSED RX SHLDR DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23655	PR CLOSED RX SHLDR DISLOC,ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23655	PR CLOSED RX SHLDR DISLOC,ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23660	PR OPEN RX ACUTE SHLDR DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23660	PR OPEN RX ACUTE SHLDR DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23665	PR CLOSED RX SHLDR DISLOC,GR TUB FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23665	PR CLOSED RX SHLDR DISLOC,GR TUB FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23670	PR OPEN RX SHLDR DISLOC,GR TUB FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23670	PR OPEN RX SHLDR DISLOC,GR TUB FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23675	PR CLOSED RX SHLDR DISLOC,PROX HUM FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23675	PR CLOSED RX SHLDR DISLOC,PROX HUM FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23680	PR OPEN RX SHLDR DISLOC,PROX HUM FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
23680	PR OPEN RX SHLDR DISLOC,PROX HUM FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23700	PR MANIPULATN SHLDR JT W ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
23800	PR FUSION SHOULDER JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23802	PR FUSION SHOULDER JOINT W GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
23900	PR AMPUTATION OF ARM & GIRDLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23920	PR AMPUTATION AT SHOULDER JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23921	PR AMPUTATION SHLDR JT,2ND CLOSURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
23929	PR SHOULDER SURG PROC UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23930	PR INCIS/DRAIN ARM,DEEP ABSC/HEMATOMA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23931	PR INCIS/DRAIN ARM/ELBOW INFECT BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
23935	PR INCIS DEEP ARM/ELBOW BONE LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24000	PR EXPLORE/DRAIN ELBOW FOR INFECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24006	PR ARTHROTOMY/CAPULE RELEASE ELBOW JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24065	PR BX ARM/ELBOW SOFT TISSUE,SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
24066	PR BX ARM/ELBOW SOFT TISSUE,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
24071	PR EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24073	PR EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24075	PR EXCIS TUMOR,SOFT TISS UP ARM/ELBOW,SUBQ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24076	PR EXCIS TUMOR,SOFT TISS UP ARM/ELBOW,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24077	PR RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24079	PR RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24100	PR BIOPSY SYNOVIUM ELBOW JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24101	PR EXPLORE ELBOW JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24102	PR EXPLOR ELBOW JT/REMOV SYNOVIUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24105	PR REMOVAL OF ELBOW BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24110	PR EXCIS/CURET BENIGN HUMERUS LESN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24115	PR EXCIS BENIGN HUMERUS LESN,AUTOGRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24116	PR EXCIS BENIGN HUMERUS LESN,ALLOGRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24120	PR EXCIS/CURET BENIGN ELBOW LESN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24125	PR EXCIS BENIGN ELBOW LESN,AUTOGR FT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24126	PR EXCIS BENIGN ELBOW LESN,ALLOGRF T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24130	PR REMOVAL OF HEAD OF RADIUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24134	PR SEQUESTRECTOMY,MID/DIST HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24136	PR SEQUESTRECTOMY,RAD HEAD/NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24138	PR SEQUESTRECTOMY,OLECRANON PROCESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24140	PR PARTIAL REMOVAL HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24145	PR PARTIAL REMOVAL RADIAL HEAD/NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24147	PR PARTIAL REMOVAL OLECRANNON PROCESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24149	PR RADICAL RESECT ELBOW, CONTRAC RELEAS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24150	PR RADICAL RESEC MID/DIST HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24152	PR RADICAL RESEC RADIAL HEAD/NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24155	PR RESECTION OF ELBOW JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24160	PR PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24164	PR PROSTHESIS REMOVAL RADIAL HEAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24200	PR REMOVAL ARM/ELBOW F.B.,SUPERFICIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24200	PR REMOVAL ARM/ELBOW F.B.,SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24201	PR REMOVAL ARM/ELBOW F.B.,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24201	PR REMOVAL ARM/ELBOW F.B.,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24220	PR INJECTION FOR ELBOW ARTHROGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24300	PR MANIPULATE ELBOW W/ANESTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24301	PR MUSC/TENDON XFER,ARM/ELBOW,SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24305	PR ARM/ELBOW TENDON LENGTHEN,SINGLE,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24310	PR TENOTOMY,ELBOW-SHLDR,SINGL,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24320	PR TENOPLASTY,ELB-SHLDR,MUSC XFER,SINGL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24320	PR TENOPLASTY,ELB-SHLDR,MUSC XFER,SINGL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
24330	PR FLEXORPLASTY,ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24331	PR FLEXORPLASTY,ELBOW,EXTENSOR ADVANCMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24332	PR TENOLYSIS, TRICEPS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24340	PR REPAIR OF BICEPS TENDON AT ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24341	PR MUSC/TENDON REPAIR EACH; ARM/ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24342	PR REINSERT BI/TRICEPS TENDON,DISTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24343	PR REPR ELBOW LAT LIGMNT W/TISS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24344	PR RECONSTRUCT ELBOW LAT LIGMNT W/GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24345	PR REPR ELBW MED LIGMNT W/TISS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24346	PR RECONSTRUCT ELBOW MED LIGMNT W/GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24357	PR TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24358	PR TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24359	PR TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE REPAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24360	PR ARTHROPLASTY,ELBOW,W MEMBRANE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24361	PR ARTHROPLASTY,ELBOW,DIST HUMER PROSTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24362	PR ARTHROPLASTY,ELBOW,IMPLNT/RECONSTRUC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24363	PR ARTHROPLASTY,ELBOW,TOTAL PROSTH REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24365	PR RECONSTRUCT RADIAL HEAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24366	PR RECONSTRUCT RADIAL HEAD W IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24370	PR REVIS ELBOW ARTHRPLSTY HUMERAL/ULN A COMPNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24371	PR REVIS ELBOW ARTHRPLSTY HUMERAL&ULN A COMPNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24400	PR OSTEOTOMY HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24410	PR OSTEOTOMY,HUMERUS,MULTI ,REALIGN ROD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24420	PR OSTEOPLASTY HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24430	PR REPAIR NON/MALUNION HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24435	PR REPAIR NON/MALUNION HUMERUS,GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24470	PR HEMIEPIPHYSEAL ARREST DIST HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24495	PR DECOMPRESS FOREARM,BRACH ART EXPLOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24498	PR REINFORCE HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24500	PR CLOSED RX MID HUMERUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24505	PR CLOSED RX MID HUMERUS FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24515	PR OPEN FIXATN MID HUMERUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24516	PR OPEN ROD FIXATN HUMERAL SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24530	PR CLOSED RX HUMERAL SUPRACONDYLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24535	PR CLOSED RX HUM SUPRACONDYLR FX,MANIPU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24538	PR PERCUT FIX HUM SUPRACONDYLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W XTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W XTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24560	PR CLOSED RX HUMER EPICONDYLR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24560	PR CLOSED RX HUMER EPICONDYLR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24565	PR CLOSED RX HUMER EPICONDYLR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24565	PR CLOSED RX HUMER EPICONDYLR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24566	PR PERCUT FIXATN HUMERAL EPICONDYLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24566	PR PERCUT FIXATN HUMERAL EPICONDYLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24576	PR CLOSED RX HUMER CONDYLR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24576	PR CLOSED RX HUMER CONDYLR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24577	PR CLOSED RX HUMER CONDYLR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24577	PR CLOSED RX HUMER CONDYLR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24579	OPEN TX HUMERAL CONDYLAR FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24579	OPEN TX HUMERAL CONDYLAR FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24582	PR PERCUT FIXATN HUMERAL CONDYLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24586	PR OPEN RX PERIARTIC FX/DISLOC ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24587	PR OPEN RX PERIARTIC FX ELBOW,IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24600	PR CLOSED RX ELBOW DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24605	PR CLOSED RX ELBOW DISLOCATN,ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24615	PR OPEN RX ELBOW DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24615	PR OPEN RX ELBOW DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24620	PR CLOSED RX MONTEGGIA FX/DISLOC ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24620	PR CLOSED RX MONTEGGIA FX/DISLOC ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24620	PR CLOSED RX MONTEGGIA FX/DISLOC ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24640	PR CLOSED RX RADIAL HEAD DISLOC,CHILD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24640	PR CLOSED RX RADIAL HEAD DISLOC,CHILD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24640	PR CLOSED RX RADIAL HEAD DISLOC,CHILD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24650	PR CLOSED RX RADIAL HEAD/NECK FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24650	PR CLOSED RX RADIAL HEAD/NECK FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24650	PR CLOSED RX RADIAL HEAD/NECK FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24655	PR CLOSED RX RADIAL HEAD/NECK FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24655	PR CLOSED RX RADIAL HEAD/NECK FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24655	PR CLOSED RX RADIAL HEAD/NECK FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24670	CLOSED TX ULNAR FRACTURE PROX END W/O MANIPULATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24670	CLOSED TX ULNAR FRACTURE PROX END W/O MANIPULATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24670	CLOSED TX ULNAR FRACTURE PROX END W/O MANIPULATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24675	CLOSED TX ULNAR FRACTURE PROX END W MANIPULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24675	CLOSED TX ULNAR FRACTURE PROX END W MANIPULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24675	CLOSED TX ULNAR FRACTURE PROX END W MANIPULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
24685	OPEN TX ULNAR FRACTURE PROX END	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
24685	OPEN TX ULNAR FRACTURE PROX END	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24800	PR FUSION OF ELBOW JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24802	PR FUSION/GRAFT OF ELBOW JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24900	PR AMPUTATN ARM,THRU HUMERUS,PRIM CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24920	PR AMPUTATN ARM,THRU HUMERUS,CIRCULAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24925	PR AMPUTATN ARM,THRU HUMER,SECOND CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24930	PR RE-AMPUTATN ARM,THRU HUMERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24931	PR AMPUTATE UPPER ARM & IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24935	PR STUMP ELONGATN,UPPER EXTREM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
24940	PR REVISION OF UPPER ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
24999	PR UPPER ARM/ELBOW SURGERY UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25000	PR INCIS TENDON SHEATH,RADIAL STYLOID	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
25000	PR INCIS TENDON SHEATH,RADIAL STYLOID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25001	PR INCIS FLEXOR TENDON SHEATH,WRIST	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
25001	PR INCIS FLEXOR TENDON SHEATH,WRIST	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
25020	PR DECOMP FOREARM,1 COMPART,W/O DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25023	PR DECOMPRESS FOREARM,EXCI S MUSC/NERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25024	PR DECOMP FOREARM,2 COMPART,W/O DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25025	PR DECOMP FOREARM,2 COMPART,W/ DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25028	PR INCIS/DRAIN FOREARM DEEP ABSCESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25031	PR INCIS/DRAIN FOREARM INFECTED BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25035	PR INCIS FOREARM BONE LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25040	PR EXPLORE/TREAT WRIST JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25065	PR BIOPSY FOREARM SOFT TISSUES,SUPERFIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
25066	PR BIOPSY FOREARM SOFT TISSUES,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
25071	PR EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25073	EXC FOREARM TUM DEEP = 3 CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25075	PR EXCIS TUMOR,SOFT TISS FOREARM/WRIST,SUBQ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25076	PR EXCIS TUMOR,SOFT TISS FOREARM/WRIST,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25077	PR RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25078	PR RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25085	PR INCISION OF WRIST CAPSULE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25100	PR BIOPSY OF WRIST JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25101	PR EXPLORE/TREAT WRIST JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25105	PR EXPLOR WRIST JT/REMV SYNOVIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25107	PR REPAIR TRIANGULAR CART,WRIST JT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25109	PR EXCISE TENDON FOREARM/WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25110	PR EXCIS TENDON SHEATH LESN,WRIST/FORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25110	PR EXCIS TENDON SHEATH LESN,WRIST/FORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
25110	PR EXCIS TENDON SHEATH LESN,WRIST/FORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
25111	PR EXCIS PRIMARY GANGLION WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25112	PR EXCIS RECURRENT GANGLION WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25115	PR RAD EXCIS WRIST SYNOV/TENDON,FLEXOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25116	PR RAD EXCIS WRIST SYNOV/TENDON,EXTEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25118	PR EXCIS SYNOV WRIST,EXTENS TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25119	PR EXCIS SYNOV WRIST,PART REMV ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25120	PR EXCIS/CURET BENIG BONE LES RAD/ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25125	PR EXCIS BENIGN LESN RAD/ULNA,AUTOGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25126	PR EXCIS BENIGN LESN RAD/ULNA,ALOGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25130	PR EXCIS BENIGN LESN CARPALS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25135	PR EXCIS BENIGN LESN CARPALS,AUTOGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25136	PR EXCIS BENIGN LESN CARPALS,ALLO GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25145	PR SEQUESTRECTOMY,FOREARM /WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25150	PR PART REMOVAL BONE,ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25151	PR PART REMOVAL BONE,RADIUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25170	PR RAD RESEC TUMOR, FOREARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25210	PR REMOVAL OF CARPAL BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25215	PR REMOVAL OF PROX ROW CARPAL BONES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25230	PR REMOVAL OF RADIAL STYLOID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25240	PR EXCIS DISTAL ULNA,PART/COMPLETE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25246	PR INJECTION FOR WRIST ARTHROGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25248	PR REMOVE FOREARM/WRIST FOREIGN BODY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25248	PR REMOVE FOREARM/WRIST FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25250	PR REMOVAL WRIST PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25251	PR REMOVAL WRIST PROSTHESIS,COMPLIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25259	PR MANIPULATE WRIST W/ANESTHES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25260	PR REPR FOREARM TEND/MUSC,FLEX,PRIM,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25263	PR REPR FOREARM TEND/MUSC,FLEX,SECON,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25265	PR REPR FOREARM TEND/FLEX,SECOND,GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25270	PR REPR FOREARM TEND/MUSC,EXTEN,PRIM,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25272	PR REPR FOREARM TEND/MUSC,EXTEN,SECOND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25274	PR REPR FOREARM TEND/EXT,SECOND,GRAFT,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25275	PR REPR FOREARM EXT TEND SHEATH,GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25275	PR REPR FOREARM EXT TEND SHEATH,GRAFT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
25280	PR REVISE WRIST/FOREARM TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25290	PR INCISE WRIST/FOREARM TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25295	PR RELEASE WRIST/FOREARM TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25300	PR FUSION TENDONS WRIST,FINGR FLEXORS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25301	PR FUSION TENDONS WRIST,FINGR EXTENSORS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25310	PR TRANSPLANT FOREARM/WRIST TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25312	PR XPLANT FOREARM TENDON,W TENDON GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25315	PR REVISE PALSY HAND TENDON(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25316	PR REVISE PALSY HAND TENDON(S),W XFER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25320	PR REVISE WRIST JOINT,CARPAL INSTABIL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25332	PR ARTHROPLASTY WRIST JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25335	PR REALIGNMENT OF WRIST ON ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25337	PR RECONSTRUCT ULNA/RADIOULNAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25350	PR OSTEOTOMY RADIUS,DISTAL THIRD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25355	PR OSTEOTOMY RADIUS,PROX/MID THIRD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25360	PR OSTEOTOMY ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25365	PR OSTEOTOMY RADIUS/ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25370	PR OSTEOTOMY +ROD,RADIUS OR ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25375	PR OSTEOTOMY +ROD,RADIUS AND ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25390	PR OSTEOPLASTY, RADIUS OR ULNA,SHORTEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25391	PR OSTEOPLASTY, RADIUS OR ULNA,LENTH W/GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25392	PR OSTEOPLASTY, RADIUS AND ULNA,SHORTEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25393	PR OSTEOPLASTY, RADIUS AND ULNA,LENTH W/GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25394	PR OSTEOPLASTY, CARPAL BONE,SHORTEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25400	PR REPAIR NONUNION RADIUS OR ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25405	PR REPAIR NONUNION RADIUS OR ULNAW/GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25415	PR REPAIR NONUNION RADIUS AND ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25420	PR REPAIR NONUNION RADIUS AND ULNA W/GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25425	PR REPAIR DEFECT RAD OR ULNA W/ AUTOGRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25426	PR REPAIR DEFECT RAD AND ULNA W/ AUTOGRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25430	PR INSERT VASC PEDICLE,CARPAL BONE (HARII)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25431	PR REPAIR NONUNION CARPAL BONE,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25440	PR REPAIR NONUNION SCAPHOID CARPAL BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25441	PR RECONSTRUCT DIST RADIUS W PROSTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25442	PR RECONSTRUCT DIST ULNA W PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25443	PR RECONSTRUCT SCAPHOID CARPAL W PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25444	PR RECONSTRUCT LUNATE W PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25445	PR RECONSTRUCT TRAPEZIUM W PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25446	PR TOTAL WRIST REPLACEMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25447	PR REPAIR INTERCARP/CARP-METACARP JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25448	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25449	PR REMOVE WRIST JOINT IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25450	PR EPIPHYSEAL ARREST DIST RAD OR ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25455	PR EPIPHYSEAL ARREST DIST RAD & ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25490	PR REINFORCE RADIUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25491	PR REINFORCE ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25492	PR REINFORCE RADIUS AND ULNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25500	PR CLOSED RX RADIAL SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25500	PR CLOSED RX RADIAL SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25505	PR CLOSED RX RADIAL SHAFT FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25505	PR CLOSED RX RADIAL SHAFT FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25520	PR CLOSED RX RADIAL SHAFT FX W/DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25520	PR CLOSED RX RADIAL SHAFT FX W/DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25520	PR CLOSED RX RADIAL SHAFT FX W/DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25530	PR CLOSED RX ULNA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25530	PR CLOSED RX ULNA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25530	PR CLOSED RX ULNA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25535	PR CLOSED RX ULNA SHAFT FX,MANIPULAT N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25535	PR CLOSED RX ULNA SHAFT FX,MANIPULAT N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25535	PR CLOSED RX ULNA SHAFT FX,MANIPULAT N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25560	PR CLOSED RX RAD/ULNA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25560	PR CLOSED RX RAD/ULNA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25560	PR CLOSED RX RAD/ULNA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25565	PR CLOSED RX RAD/ULNA SHAFT FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25565	PR CLOSED RX RAD/ULNA SHAFT FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25565	PR CLOSED RX RAD/ULNA SHAFT FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25574	OPEN TX RADIAL & ULNAR SHAFT FX FIX RADIUS OR ULNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25574	OPEN TX RADIAL & ULNAR SHAFT FX FIX RADIUS OR ULNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25575	OPEN TX RADIAL & ULNAR SHAFT FX FIX RADIUS AND ULNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25575	OPEN TX RADIAL & ULNAR SHAFT FX FIX RADIUS AND ULNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25600	PR CLOSED RX DIST RAD/ULNA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25605	PR CLOSED RX DIST RAD/ULNA FX,MANIPUL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25606	PR PERCUT SKELETAL FIX, DISTAL RADIUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25607	PR OPEN RX DISTAL RADIUS FX, EXTRA-ARTICULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25608	PR OPEN RX DISTAL RADIUS FX, INTRA-ARTICULAR, 2 FRAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25609	PR OPEN RX DISTAL RADIUS FX, INTRA-ARTICULAR, 3+ FRAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25611	PR PERCUT FIX DIST RAD/ULNA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25620	PR OPEN RX DIST RAD/ULNA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25622	PR CLOSED RX NAVICULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25622	PR CLOSED RX NAVICULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25624	PR CLOSED RX NAVICULAR FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25624	PR CLOSED RX NAVICULAR FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25630	PR CLOSED RX CARPAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25630	PR CLOSED RX CARPAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25630	PR CLOSED RX CARPAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25635	PR CLOSED RX CARPAL FX,MAIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25635	PR CLOSED RX CARPAL FX,MAIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25635	PR CLOSED RX CARPAL FX,MAIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25645	PR OPEN RX CARPAL BONE FX,EACH BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25645	PR OPEN RX CARPAL BONE FX,EACH BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25645	PR OPEN RX CARPAL BONE FX,EACH BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25650	PR CLOSED RX ULNA STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25650	PR CLOSED RX ULNA STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25650	PR CLOSED RX ULNA STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25651	PR PERCUT SKELETAL FIX,ULNAR STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25651	PR PERCUT SKELETAL FIX,ULNAR STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25651	PR PERCUT SKELETAL FIX,ULNAR STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25652	PR OPEN RX ULNAR STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25652	PR OPEN RX ULNAR STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25652	PR OPEN RX ULNAR STYLOID FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25660	PR CLOSED TREAT WRIST DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25660	PR CLOSED TREAT WRIST DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25660	PR CLOSED TREAT WRIST DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25670	PR OPEN REPAIR WRIST DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25670	PR OPEN REPAIR WRIST DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25670	PR OPEN REPAIR WRIST DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25671	PR PERCUT SKELETAL FIX,DIST RADIOULN DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25671	PR PERCUT SKELETAL FIX,DIST RADIOULN DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25671	PR PERCUT SKELETAL FIX,DIST RADIOULN DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25675	PR CLOSED RX RADIO-ULNA DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25675	PR CLOSED RX RADIO-ULNA DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25675	PR CLOSED RX RADIO-ULNA DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25676	PR OPEN RX RADIO-ULNA DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25676	PR OPEN RX RADIO-ULNA DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25676	PR OPEN RX RADIO-ULNA DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25680	PR CLOSED RX NAVIC/LUNATE FX/DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25680	PR CLOSED RX NAVIC/LUNATE FX/DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25680	PR CLOSED RX NAVIC/LUNATE FX/DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25685	PR OPEN RX NAVIC-PERILUNATE FX/DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25685	PR OPEN RX NAVIC-PERILUNATE FX/DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25685	PR OPEN RX NAVIC-PERILUNATE FX/DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25690	PR CLOSED RX LUNATE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25690	PR CLOSED RX LUNATE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25690	PR CLOSED RX LUNATE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25695	PR OPEN REPAIR LUNATE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
25695	PR OPEN REPAIR LUNATE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
25800	PR FUSION OF WRIST JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25805	PR FUSION/SLIDING GRAFT WRIST JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25810	PR FUSION/GRAFT WRIST JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25820	PR FUSION INTERCARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25825	PR FUSION/GRAFT INTERCARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25830	PR FUSION RADIOULNAR JNT/ULNA RESEC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25900	PR AMPUTATION FOREARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25905	PR AMPUTATION FOREARM,CIRCULAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25907	PR AMPUTATION FOREARM,SECOND CLOSURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25909	PR RE-AMPUTATION FOREARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25915	PR KRUKENBERG PROCEDURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25920	PR AMPUTATE THRU WRIST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25922	PR AMPUTATE THRU WRIST,SECOND CLOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25924	PR RE-AMPUTATION THRU WRIST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25927	PR AMPUTATION TRANSMETACARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25929	PR AMPUTATION TRANSMETACARP,SECOND CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
25931	PR RE-AMPUTATION TRANSMETACARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
25999	PR FOREARM/WRIST SURGERY UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26010	PR DRAIN FINGER ABSCESS,SIMPLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26010	PR DRAIN FINGER ABSCESS,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26011	PR DRAIN FINGER ABSCESS,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26011	PR DRAIN FINGER ABSCESS,COMPLICATED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26020	PR DRAIN HAND TENDON SHEATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26020	PR DRAIN HAND TENDON SHEATH	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
26020	PR DRAIN HAND TENDON SHEATH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
26025	PR DRAINAGE PALM BURSA,SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26025	PR DRAINAGE PALM BURSA,SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26030	PR DRAINAGE PALM BURSA,MULTIP/ COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26030	PR DRAINAGE PALM BURSA,MULTIP/ COMPLX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26034	PR INCIS DEEP FINGR/HAND BONE LESN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26035	PR DECOMPRESS FINGERS/HAND ,INJECT INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26037	PR DECOMPRESS FASCIOTOMY FINGR/HAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26040	PR RELEASE PALM CONTRACT,PERCUTANEOUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26045	PR RELEASE PALM CONTRACT,OPEN,PARTIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26055	PR INCISE FINGER TENDON SHEATH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
26055	PR INCISE FINGER TENDON SHEATH	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26060	PR INCIS PERCUT FINGER TENDON,SINGLE,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26070	PR EXPLORE & TREAT CARPOMETACARP JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26075	PR EXPLORE & TREAT METACARPO-PHAL JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26080	PR EXPLORE/TREAT INTERPHALANGEAL JT,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26100	PR BIOPSY SYNOVIUM CARPOMETACARP JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26105	PR BIOPSY SYNOVIUM MC-P JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26110	PR BIOPSY SYNOVIUM I-P JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26111	PR EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26113	PR EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26115	PR EXCIS SOFT TISSUE LESION HAND SUBCUT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26116	PR EXCIS SOFT TISSUE LESION HAND DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26117	PR RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26118	PR RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26121	PR PALMAR FASCIECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26123	PR PART PALMAR FASCIEC,OPEN 1 DIGIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26125	PR PART PALMAR FASCIEC,OPEN ADDNL DIGIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26130	PR EXCIS JT LINING,CARPO METACARPAL JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26135	PR EXCIS JT LINING,MC-P JT,EACH DIGIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26140	PR EXCIS JT LINING,PROX I-P JT,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26145	PR RAD EXCIS JT LINING,FLEXOR ,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26160	PR EXCIS TENDON SHEATH LESION, HAND/FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26170	PR EXCIS PALM TENDON FLEXOR, EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26180	PR EXCIS FINGER TENDON FLEXOR, EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26185	PR SESAMOIDECTOMY, THUMB/FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26200	PR EXCIS BENIGN BONE LESN,METACARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26205	PR EXCIS/GRFT BENIGN LESN,METACARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26210	PR EXCIS BENIGN BONE LESN,PHALANX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26215	PR EXCIS/GRFT BENIGN LESN,PHALANX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26230	PR PART REMV BONE,METACARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26235	PR PART REMV BONE,PROX/MID PHALANX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26236	PR PART REMV BONE,DISTAL PHALANX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26250	PR RAD RESEC METACARPAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26260	PR RAD RESEC PROX/MID PHALANX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26262	PR RAD RESEC DISTAL PHALANX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26320	PR REMOVAL OF IMPLANT FROM HAND/FINGR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26340	PR MANIPULATE FINGER JT W/ ANESTH,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26341	PR MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26350	PR REPAIR FLEXOR TENDON,HAND, W/O GRAFT,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26352	PR REPAIR FLEXOR TENDON,HAND, W/ GRAFT,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26356	PR REPAIR FLEX TENDON,ZONE 2,HAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26357	PR REPAIR FLEX TENDON,ZONE 2,SECON,HAND ,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26358	PR REPAIR FLEX TEND,ZONE 2,SEC,HAND,W/ GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26370	PR REPAIR PROFUNDUS TENDON,PRIMARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26372	PR REPAIR PROFUNDUS TENDON,SECONDARY/GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26373	PR REPAIR PROFUNDUS TENDON,SECONDARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26390	PR EXCIS FLEX TEND HAND,IMPL ROD,DELAY GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26392	PR REMOV ROD & INSERT FLEX TEND HAND GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26410	PR REPAIR EXTEN TENDON,DORSUM HAND,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26412	PR REPAIR EXTEN TENDON,DORSUM HAND,GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26415	PR EXCIS EXT TEND HAND,IMPL ROD,DELAY GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26416	PR REMOV ROD & INSERT EX TEND HAND GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26418	PR REPAIR EXTEN TENDON,DORSUM FINGR,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26420	PR REPAIR EXTEN TENDON,DORSUM FINGR,GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26426	PR REPAIR EXTTEND,CENT SLIP,SEC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26428	PR REPAIR EXTTEND,CENT SLIP,SEC,W/ GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26432	PR REPAIR EXTEN TENDON,DISTAL INSERT,CLOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26433	PR REPAIR EXTEN TENDON,DISTAL INSERT,OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26434	PR REPAIR EXTEN TENDON,DIST, OPEN,GRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26437	PR REALIGNMENT OF TENDONS,HAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26440	PR TENOLYSIS, FLEX TENDON,PALM/FINGER,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26442	PR TENOLYSIS FLEX TENDON,PALM & FINGER,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26445	PR TENOLYSIS EXT TENDON,HAND/ FINGER,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26449	PR RELEASE FOREARM/HAND EXTEN TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26450	PR TENOTOMY PALM FLEX,SINGLE,OPEN,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26455	PR TENOTOMY FINGR FLEX,SINGLE,OPEN,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26460	PR TENOTOMY HAND EXTEN,SINGLE,OPEN,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26471	PR FUSION FINGER TENDONS,PIP JT STABIL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26474	PR FUSION FINGER TENDONS,DIP JT STABIL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26476	PR LENGTHEN,TENDON,HAND/FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26477	PR TENDON SHORTENING,EXTEN,HAND/FINGR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26478	PR TENDON LENGTHENING,FLEX,HAND/FINGR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26479	PR TENDON SHORTENING,FLEX,HAND/FINGR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26480	PR TRANSPLANT HAND TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26483	PR TRANSPLANT/GRAFT HAND TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26485	PR TRANSPLANT PALM TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26489	PR TRANSPLANT/GRAFT PALM TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26490	PR REVISE THUMB TENDON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26492	PR THUMB TENDON TRANSFER,GR AFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26494	PR HYPOTHENAR MUSC TRANSFER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26496	PR REVISE THUMB TENDON,OTHR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26497	PR FINGER TENDON TRANSFER,4-5 FINGRS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26498	PR FINGER TENDON TRANSFER,2-5 FINGRS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26499	PR CORRECT CLAW FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26500	PR HAND TENDON PULLEY RECONSTRUCTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26502	PR HAND TENDON PULLEY RECONST,GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26508	PR RELEASE THUMB CONTRACTURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26510	PR CROSS INTRINSIC TRANSFER,EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26516	PR FUSION MC-P JOINT,SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26517	PR FUSION MC-P JOINT,2 DIGITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26518	PR FUSION MC-P JOINT,3-4 DIGITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26520	PR RELEASE MC-P JT CONTRACTURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26520	PR RELEASE MC-P JT CONTRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
26525	PR RELEASE I-P JT CONTRACTURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26530	PR ARTHROPLASTY MC-P JT,SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26531	PR ARTHROPLASTY MC-P JT,IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26535	PR ARTHROPLASTY I-P JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26536	PR ARTHROPLASTY I-P JT,IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26540	PR FIX COLLAT LIG,MC-P JT,I-P JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26541	PR FIX COLLAT LIG,MC-P JT,GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26542	PR FIX COLLAT LIG,MC-P JT,LOCAL TISS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26545	PR FIX COLAT LIG,I-P JT,GRAFT,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26546	PR FIX NONUNION METACARPAL/PHALANX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26548	PR FIX FINGER,VOLAR PLATE,I-P JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26550	PR POLLICIZATION OF DIGIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26551	PR GREAT TOE-HAND XFER,MICROVA SC ANAST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26553	PR SINGLE TOE-HAND XFER,MICROVA SC ANAST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26554	PR DOUBLE TOE-HAND XFER,MICROVA SC ANAST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26555	PR POSITIONAL CHANGE OF FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26556	PR FREE TOE JT XFER W MICROVASC ANAST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26560	PR REPAIR OF WEB FINGER,EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26561	PR REPAIR OF WEB FINGER,GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26562	PR REPAIR OF WEB FINGER,COMPLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26565	PR CORRECT METACARPAL DEFORM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26567	PR CORRECT FINGER DEFORMITY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26568	PR LENGTHEN METACARPAL/FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26580	PR REPAIR CLEFT HAND DEFORMITY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26587	PR RECONST POLYDACT DIGIT,SOFT TIS & BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26590	PR REPAIR MACRODACTYLIA,EACH DIGIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26591	PR REPAIR MUSCLES OF HAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26593	PR RELEASE MUSCLES OF HAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26596	PR EXCISION CONSTRICT FINGR TISSUE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26600	PR CLOSED RX METACARPAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26605	PR CLOSED RX METACARPAL FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26607	PR CLOSED RX METACARP FX,W/MANIP,W/ EXT FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26608	PR CLOSED RX METACARPAL FX,PERCUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26641	PR TREAT THUMB DISLOC,MANIP ULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26641	PR TREAT THUMB DISLOC,MANIP ULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26645	PR TREAT THUMB FX/DISLOC,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26645	PR TREAT THUMB FX/DISLOC,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26650	PRQ SKEL FIXATION CARP/MTCRPL FX DISLOCATE THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26650	PRQ SKEL FIXATION CARP/MTCRPL FX DISLOCATE THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26670	PR CLOSED RX, CARPOMETACAR DISLOC,NON-THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26670	PR CLOSED RX, CARPOMETACAR DISLOC,NON-THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26675	PR CLOSED RX C-MC DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26675	PR CLOSED RX C-MC DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26676	PR PERCUT FIX CARPOMETACAR DISLOC,NON-THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26676	PR PERCUT FIX CARPOMETACAR DISLOC,NON-THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26686	PR OPEN RX C-MC DISLOC,COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26700	PR CLOSED RX MC-P DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26705	PR CLOSED RX MC-P DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26706	PR PERCUT RX MC-P DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION 1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION 1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26720	PR CLOSE RX PROX/MID FING SHFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26720	PR CLOSE RX PROX/MID FING SHFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26725	PR CLOSE RX PROX/MID FING SHFT FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26725	PR CLOSE RX PROX/MID FING SHFT FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26727	PR PERCUT RX PROX/MID FING SHFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26727	PR PERCUT RX PROX/MID FING SHFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26740	PR CLOSE RX FINGR ARTICULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26740	PR CLOSE RX FINGR ARTICULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26742	PR CLOSE RX FINGR ARTICULAR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26742	PR CLOSE RX FINGR ARTICULAR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26750	PR CLOSE RX DIST FINGR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26750	PR CLOSE RX DIST FINGR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26755	PR CLOSE RX DIST FINGR FX,MANIPULAT N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26755	PR CLOSE RX DIST FINGR FX,MANIPULAT N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26756	PR PERCUT RX DIST FINGR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26756	PR PERCUT RX DIST FINGR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26770	PR CLOSED RX IP JT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26770	PR CLOSED RX IP JT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26775	PR CLOSED RX IP JT DISLOCATION,A NESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26775	PR CLOSED RX IP JT DISLOCATION,A NESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26776	PR PERCUT RX IP JT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26776	PR PERCUT RX IP JT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26785	OPEN TX INTERPHALAN GEAL JOINT DISLOCATION 1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
26785	OPEN TX INTERPHALAN GEAL JOINT DISLOCATION 1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
26820	PR THUMB FUSION WITH GRAFT,IN OPPOSITN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26841	PR FUSION 1ST CARPOMETACARPAL JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26842	PR FUSION 1ST CARPOMETACARPAL JT,GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26843	PR FUSION 2-5 CARPOMETACARPAL JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26844	PR FUSION 2-5 CARPOMETACARPAL JT,GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26850	PR FUSION MC-P JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26852	PR FUSION MC-P JT,GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26860	PR FUSION FINGER JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26861	PR FUSION FINGER JOINT,EACH ADDNL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26862	PR FUSION/GRAFT FINGER JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26863	PR FUSION/GRAFT FINGER JT,EACH ADDNL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26910	PR AMPUTATE METACARPAL +FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26951	PR AMPUTATION FINGER/THUMB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26952	PR AMPUTATION FINGER/THUMB +FLAPS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26989	PR HAND/FINGER SURGERY UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
26990	PR INCIS/DRAIN PELVIS/HIP,DEEP ABSCESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26991	PR INCIS/DRAIN PELVIS/HIP,INFECT BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
26992	PR INCIS/DRAIN PELVIS/HIP,OPEN BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27000	PR INCIS HIP ADDUCTOR,SUBCUT,CLOSED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27001	PR INCIS HIP ADDUCTOR,SUBCUT,OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27003	PR INCIS HIP ADDUC,OPEN,OBTUR NEUREC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27005	PR INCIS ILIOPSOAS,OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27006	PR INCIS HIP ADDUCTORS,OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27025	PR INCIS OF HIP/THIGH FASCIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27027	PR DECOMPRESSION FASCIOTOMY PELVIC COMPART, UNILAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27030	PR DRAINAGE OF HIP JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27033	PR EXPLORATION OF HIP JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27035	PR DENERVATION OF HIP JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27036	PR RELEASE HIP FLEXION CONTRACTURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27040	PR BX SOFT TISSUES,PELV/ HIP,SUPERFICL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
27041	PR BX SOFT TISSUES,PELV/ HIP,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
27043	PR EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27045	PR EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27047	PR REMOVE HIP/PELVIS TUMOR,SUBCUT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27048	PR REMOVE HIP/PELVIS TUMOR,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27049	PR RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27050	PR OPEN BIOPSY SACROILIAC JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27052	PR OPEN BIOPSY OF HIP JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27054	PR REMOVAL OF HIP JOINT LINING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27057	PR DECOMPRESSION FASCIOTOMY PELVIC COMPART, UNILAT, W DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27059	PR RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27060	PR REMOVAL OF ISCHIAL BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27062	PR REMOVE TROCH BURSA/CALCIFICATN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27065	PR EXCISISON BONE CYST BENIGN TUMOR,PELVIS/HIP,SUPERFICIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27066	PR EXCISISON BONE CYST BENIGN TUMOR,PELVIS/ HIP,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27067	PR EXCISISON BONE CYST BENIGN TUMOR,PELVIS/ HIP, AUTOGRAFT SEP INCISION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27070	PR PARTIAL EXCISION SUPERFICIAL PELVIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27071	PR PARTIAL EXCISION DEEP PELVIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27075	PR RAD RESEC UNILAT ILEUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27076	PR RAD RESEC ILIUM +ACETABULUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27077	PR RAD RESEC ENTIRE INNOMINATE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27078	PR RAD RESEC ISCHIAL TUBER +GR TROCH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27080	PR REMOVAL OF COCCYX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27086	PR REMOVE PELV/HIP F.B.,SUBCUTANEOUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27086	PR REMOVE PELV/HIP F.B.,SUBCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27087	PR REMOVE PELV/HIP F.B.,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27087	PR REMOVE PELV/HIP F.B.,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27090	PR REMOVAL OF HIP PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27091	PR REMOVAL OF HIP PROSTHESIS,COMPLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27093	PR INJECTION HIP ARTHROGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27095	PR INJECTION HIP ARTHROGRAM, ANESTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27096	PR INJECT SI JOINT ARTHRGRPHY& /ANES/STEROID W/IMAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27097	PR HAMSTRING RECESSION,PROX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27098	PR ADDUCTOR TRANSFER TO ISCHIUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27100	PR XFER ABD MUSC TO GR TROCHANTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27105	PR XFER PARASPINAL MUSC TO HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27110	PR XFER ILIOPSOAS MUSC TO GREAT TROCHANTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
27111	PR XFER ILIOPSOAS MUSC TO FEM NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27120	PR RECONSTRUC HIP SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27122	PR RECONSTRUC HIP SOCKET,RESEC FEM HEAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27125	PR PARTIAL HIP REPLACEMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27130	PR TOTAL HIP ARTHROPLASTY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27132	PR CONV PREV HIP SURG TO TOT HIP ARTHROPLAS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27134	PR REVISE TOTAL HIP REPLACEMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27137	PR REVISE ACETABULAR PART OF TOTAL HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27138	PR REVISE FEM PART OFTOTAL HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27140	PR OSTEOTOMY & TRANSFER,GREATER TROCHANTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27146	PR OSTEOTOMY OF HIP BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27147	PR OSTEOTOMY HIP BONE,OPEN REDN HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27151	PR OSTEOTOMY HIP/FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27156	PR OSTEOTOMY HIP/FEMUR,OPEN REDN HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27158	PR OSTEOTOMY PELVIS BILAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27161	PR OSTEOTOMY OF NECK OF FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27165	PR OSTEOTOMY/FIX INTER/SUBTROCH FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27170	PR BONE GRAFT FEMUR HEAD/NECK/RIDGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27175	PR CLOSED RX SLIP FEM EPIPHYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27176	PR CLOSED RX SLIP FEM EPIPHYSIS,PIN S	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27177	PR OPEN RX SLIP EPIPHYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27178	PR OPEN RX SLIP EPIPHYSIS,CLOSED MANIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27179	PR OPEN RX SLIP EPIPHY,REVIS FEM NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27181	PR OPEN RX SLIP EPIPHYSIS,OSTEOTOMY/FIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27185	PR EPIPHYSEAL ARREST,GREATER TROCHANTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27187	PR REINFORCE HIP BONES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27197	PR CLSD TX PELVIC RING FX W/O MANIPULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27198	PR CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27200	PR CLOSED RX COCCYGEAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27200	PR CLOSED RX COCCYGEAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27202	PR OPEN REPAIR COCCYGEAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27202	PR OPEN REPAIR COCCYGEAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27202	PR OPEN REPAIR COCCYGEAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27215	PR OPEN FIX ILIAC FX,INTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27215	PR OPEN FIX ILIAC FX,INTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27215	PR OPEN FIX ILIAC FX,INTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27216	PR PERCUT FIX POST PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27216	PR PERCUT FIX POST PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27216	PR PERCUT FIX POST PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27217	PR OPEN INTERN FIX ANTER PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27217	PR OPEN INTERN FIX ANTER PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27217	PR OPEN INTERN FIX ANTER PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27218	PR OPEN INTERN FIX POST PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27218	PR OPEN INTERN FIX POST PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27218	PR OPEN INTERN FIX POST PELV RING FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27220	PR CLOSED RX ACETABULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27220	PR CLOSED RX ACETABULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27220	PR CLOSED RX ACETABULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27222	PR CLOSED RX ACETABULAR FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27222	PR CLOSED RX ACETABULAR FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27222	PR CLOSED RX ACETABULAR FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27226	PR OPEN INTERN FIX ACETABULAR WALL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27226	PR OPEN INTERN FIX ACETABULAR WALL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27226	PR OPEN INTERN FIX ACETABULAR WALL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27227	PR OPEN INTERN FIX ACETABULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27227	PR OPEN INTERN FIX ACETABULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27227	PR OPEN INTERN FIX ACETABULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27228	PR OPEN INTERN FIX COMPLEX ACETABUL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27228	PR OPEN INTERN FIX COMPLEX ACETABUL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27228	PR OPEN INTERN FIX COMPLEX ACETABUL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27230	PR CLOSED RX PROX/NECK FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27230	PR CLOSED RX PROX/NECK FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27230	PR CLOSED RX PROX/NECK FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27232	PR CLOSED RX PROX/NECK FEMUR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27232	PR CLOSED RX PROX/NECK FEMUR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27232	PR CLOSED RX PROX/NECK FEMUR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27235	PR PERCUT FIX PROX/NECK FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27235	PR PERCUT FIX PROX/NECK FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27235	PR PERCUT FIX PROX/NECK FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27236	PR FEMORAL FX, OPEN TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27236	PR FEMORAL FX, OPEN TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27236	PR FEMORAL FX, OPEN TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27238	PR CLOSED RX INTER/SUBTRO CH FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27238	PR CLOSED RX INTER/SUBTRO CH FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27238	PR CLOSED RX INTER/SUBTRO CH FEMUR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27240	PR CLOSED RX INTER/SUBTRO CH FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27240	PR CLOSED RX INTER/SUBTRO CH FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27240	PR CLOSED RX INTER/SUBTRO CH FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27244	PR TREAT INTER/SUBTRO CH FX,W/PLATE/SC REW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27244	PR TREAT INTER/SUBTROCH FX,W/PLATE/SCREW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27244	PR TREAT INTER/SUBTROCH FX,W/PLATE/SCREW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27245	PR OPEN FIX INTER/SUBTROCH FX,IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27245	PR OPEN FIX INTER/SUBTROCH FX,IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27245	PR OPEN FIX INTER/SUBTROCH FX,IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27246	PR CLOSED RX GR TROCHANTERIC FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27246	PR CLOSED RX GR TROCHANTERIC FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27246	PR CLOSED RX GR TROCHANTERIC FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27250	PR CLOSED RX TRAUMATIC HIP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27250	PR CLOSED RX TRAUMATIC HIP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27250	PR CLOSED RX TRAUMATIC HIP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27252	PR CLOSED RX TRAUMA HIP DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27252	PR CLOSED RX TRAUMA HIP DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27252	PR CLOSED RX TRAUMA HIP DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27253	PR OPEN RX TRAUMATIC HIP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27253	PR OPEN RX TRAUMATIC HIP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27253	PR OPEN RX TRAUMATIC HIP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27254	PR OPEN RX HIP DISLOC/ACETA BULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27254	PR OPEN RX HIP DISLOC/ACETA BULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27254	PR OPEN RX HIP DISLOC/ACETA BULAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27256	PR CLOSED RX SPONTANEOUS HIP DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27256	PR CLOSED RX SPONTANEOUS HIP DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27256	PR CLOSED RX SPONTANEOUS HIP DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27257	PR CLOSED RX SPONT HIP DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27257	PR CLOSED RX SPONT HIP DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27257	PR CLOSED RX SPONT HIP DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27258	PR OPEN RX SPONTANEOUS HIP DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27258	PR OPEN RX SPONTANEOUS HIP DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27258	PR OPEN RX SPONTANEOUS HIP DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27259	PR OPEN RX SPONT HIP DISLOC,FEM SHORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27259	PR OPEN RX SPONT HIP DISLOC,FEM SHORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27259	PR OPEN RX SPONT HIP DISLOC,FEM SHORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27265	PR CLOSED RX POST HIP ARTHRPLAS DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27265	PR CLOSED RX POST HIP ARTHRPLAS DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27265	PR CLOSED RX POST HIP ARTHRPLAS DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27266	PR CLOSED RX POST HIP FIX DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27266	PR CLOSED RX POST HIP FIX DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27266	PR CLOSED RX POST HIP FIX DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27267	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27267	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27267	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27268	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27268	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27268	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27269	PR OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27269	PR OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27275	PR MANIPULATION HIP JOINT W ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27278	ARTHRD SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
27279	ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27280	PR ARTHRODESIS SACROILIAC JOINT OPEN W/OBTAINING GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27282	PR FUSION OF PUBIC BONES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27284	PR FUSION HIP JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27286	PR FUSION HIP JOINT +SUBTROCH OSTEOTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27290	PR HINDQUARTER AMPUTATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27295	PR DISARTICULATION OF HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27299	PR PELVIS/HIP JOINT SURGERY UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27301	PR INCIS/DRAIN THIGH/KNEE ABSCESS,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27303	PR INCIS DEEP BONE LESN,FEMUR/KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27305	PR FASCIOTOMY,ILIOTIBIAL,OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27306	PR INCIS THIGH TENDON,ADDUC/HAMST,SINGL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27307	PR INCIS THIGH TENDON,ADDUC/HAMST,MULTI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27310	PR EXPLOR/DRAIN KNEE,INFECTN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27323	PR BX THIGH/KNEE SOFT TISSUES,SUPERF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
27324	PR BX THIGH/KNEE SOFT TISSUES,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
27325	PR NEURECTOMY, HAMSTRING MUSCLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27326	PR NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27327	PR REMV THIGH/KNEE TUMOR,SUBCUTANEOUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27328	PR REMV THIGH/KNEE TUMOR,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27329	PR RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27330	PR BIOPSY SYNOVIUM KNEE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27331	PR ARTHROTOMY/ EXPLORE/TREA T KNEE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27332	PR EXCIS KNEE CARTILAGE,ME DIAL OR LAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27333	PR EXCIS KNEE CARTILAGE,ME DIAL & LAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27334	PR RMV KNEE SYNOVIUM,ANT /POST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27335	PR REMV SYNOVIUM KNEE,ANTER & POST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27337	PR EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27339	PR EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27340	PR REMOVAL PREPATELLA BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27345	PR REMOVAL SYNOVIAL CYST,KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27347	PR REMOVE KNEE CYST/GANGLION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27350	PR PART/FULL REMOVAL OF KNEECAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27355	PR REMV BENIGN FEMUR LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27356	PR REMV BENIGN FEMUR LESN/ALLOGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27357	PR REMV BENIGN FEMUR LESN/AUTOGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27358	PR REMV BENIGN FEMUR LESN/INTERN FIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27360	PR PART REMV FEMUR/PROX TIB/FIB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27364	PR RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27365	PR RAD RESEC TUMOR,FEMUR OR KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27369	PR NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27372	PR REMV FOREIGN BODY,KNEE/THIGH,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27380	PR FIX INFRAPATELLA TENDON,PRIMARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27381	PR FIX PATELLA TENDN,SECONDARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27385	PR FIX QUAD/HAMSTR MUSC RUPT,PRIMARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27386	PR FIX QUAD/HAMSTR MUSC RUPT,SECOND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27390	PR TENOTOMY,HAMSTR,KNEE-THIGH,SINGL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27391	PR TENOTOMY,UNI HAMSTR,KNEE-THIGH,MULTI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27392	PR TENOTOMY,BI HAMSTR,KNEE-THIGH,MULTI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27393	PR LENGTHEN HAMSTR TENDON,SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27394	PR LENGTHEN HAMSTR TENDON,MULTI ,ONE LEG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27395	PR LENGTHEN HAMSTR TENDON,MULTI ,2 LEGS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27396	PR XPLANT HAMSTR TENDON-PATELLA,SINGL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27397	PR XPLANT HAMSTR TENDONS-PATELLA,MULTI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27400	PR TENDON/MUSC XFER,HAMSTR-FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27403	PR ARTHROTOMY, OPEN REPAIR MENISCUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27405	PR REPAIR COLLAT LIGAMT/CAPSULE,KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27407	PR REPAIR CRUCIATE LIGAMENT,KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27409	PR REPAIR COLLAT & CRUCIATE LIG,KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27412	PR AUTOCHONDROCYTE IMPLANT KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27415	PR OSTEOCHONDRAL KNEE ALLOGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27416	PR OSTEOCHONDRAL KNEE AUTOGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27418	PR REPAIR ANTER TIBIAL TUBERCLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27420	PR REVISION OF UNSTABLE PATELLA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27422	PR FIX UNSTABLE PATELLA,EXTEN REALIGN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27424	PR REVISION/REMOVAL OF KNEECAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27425	PR LATERAL RETINACULAR RELEASE OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27427	PR LIGMT REVISION,KNEE,EXTRA-ARTIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27428	PR LIGMT REVISION,KNEE,INTRA-ARTIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27429	PR LIGMT REVISN,KNEE,INTRA/EXTRA-ART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27430	PR REVISION QUADRICEPS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27435	PR POST CAPSULAR RELEASE,KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27437	PR ARTHROPLASTY PATELLA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27438	PR ARTHROPLASTY PATELLA WITH IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27440	PR ARTHROPLASTY TIBIAL PLATEAU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27441	PR PLASTY TIBIAL PLATEAU +DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27442	PR PLASTY TIB PLAT OR FEM CONDYLES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27443	PR PLASTY TIB PLAT/FEM CONDY +DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27445	PR PLASTY KNEE,CONSTRAINED PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27446	PR PLASTY KNEE,MED OR LAT COMPARTMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27447	PR TOTAL KNEE ARTHROPLASTY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27448	PR OSTEOTOMY FEMUR SHAFT/SUPRACONDY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27450	PR OSTEOTOMY FEMUR SHAFT,W FIXATN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27454	PR OSTEOTOMIES FEMUR SHAFT +INTRA ROD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27455	PR OSTEOTOMY PROX TIB,<EPIPHY CLOSUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27457	PR OSTEOTOMY PROX TIB,AFTR EPIPHY CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27465	PR SHORTENING OF FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27466	PR LENGTHENING OF FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27468	PR COMBINE SHORTEN/LENGTHEN FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27470	PR FIX NON/MALUNION FEMUR BELOW NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27472	PR FIX NON/MALUNION FEMUR,W GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27475	PR ARREST,EPIPHYSEAL,DISTAL FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27477	PR SURGERY TO STOP TIB/FIB GROWTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27479	PR SURGERY STOP FEMUR/TIB/FIB GROWTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27485	PR HEMIEPIPHYSEAL LEG ARREST SURGERY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27486	PR REVISE KNEE JOINT REPLACE,1 PART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27487	PR REVISE KNEE JOINT REPLACE,ALL PARTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27488	PR REMOVAL OF KNEE PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27495	PR REINFORCE FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27496	PR DECOMPRESS THIGH/KNEE,1 COMPARTMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27497	PR DECOMPRESS THIGH/KNEE,1+ DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27498	PR DECOMPRESS THIGH/KNEE,>1 COMPARTMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27499	PR DECOMPRESS THIGH/KNEE,>1 +DEBRIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27500	PR CLOSED RX FEMUR SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27500	PR CLOSED RX FEMUR SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27501	PR CLOSED RX CONDYLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27501	PR CLOSED RX CONDYLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27502	PR CLOSED RX FEMUR SHAFT FX+MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27502	PR CLOSED RX FEMUR SHAFT FX+MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27503	PR CLOSED RX CONDYLAR FX +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27503	PR CLOSED RX CONDYLAR FX +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27506	PR OPEN RX FEMUR FX +INTRAMED ROD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27506	PR OPEN RX FEMUR FX +INTRAMED ROD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27507	PR OPEN RX FEMUR FX +PLATE/SCREW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27507	PR OPEN RX FEMUR FX +PLATE/SCREW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27508	PR CLOSED RX FEMUR,DISTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27508	PR CLOSED RX FEMUR,DISTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27509	PR PERCUT FIX DISTAL FEMUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27509	PR PERCUT FIX DISTAL FEMUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27510	PR CLOSED RX FEMUR,DISTAL +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27510	PR CLOSED RX FEMUR,DISTAL +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27516	PR CLOSED RX DIST FEM EPIPHYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27516	PR CLOSED RX DIST FEM EPIPHYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27516	PR CLOSED RX DIST FEM EPIPHYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27517	PR CLOSED RX DIST FEM EPIPHYSIS +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27517	PR CLOSED RX DIST FEM EPIPHYSIS +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27517	PR CLOSED RX DIST FEM EPIPHYSIS +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27520	PR CLOSED RX PATELLA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27520	PR CLOSED RX PATELLA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27520	PR CLOSED RX PATELLA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27524	PR OPEN RX PATELLA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27524	PR OPEN RX PATELLA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27524	PR OPEN RX PATELLA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27530	PR CLOSED RX TIBIAL PLATEAU FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27530	PR CLOSED RX TIBIAL PLATEAU FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27530	PR CLOSED RX TIBIAL PLATEAU FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27532	PR CLOSED RX TIB PLAT FX +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27532	PR CLOSED RX TIB PLAT FX +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27532	PR CLOSED RX TIB PLAT FX +MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27536	PR OPEN RX BILAT TIB PLAT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27536	PR OPEN RX BILAT TIB PLAT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27536	PR OPEN RX BILAT TIB PLAT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27538	PR CLOSED RX TIB TUBER FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27538	PR CLOSED RX TIB TUBER FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27538	PR CLOSED RX TIB TUBER FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27550	PR CLOSED RX KNEE DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27550	PR CLOSED RX KNEE DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27550	PR CLOSED RX KNEE DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27552	PR CLOSED RX KNEE DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27552	PR CLOSED RX KNEE DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27552	PR CLOSED RX KNEE DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27557	OPEN TX KNEE DISLOCATION W LIGAMENTOUS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27557	OPEN TX KNEE DISLOCATION W LIGAMENTOUS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27557	OPEN TX KNEE DISLOCATION W LIGAMENTOUS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27558	OPEN TX KNEE DISLOCATION W REPAIR/RECONSTRUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27558	OPEN TX KNEE DISLOCATION W REPAIR/RECONSTRUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27558	OPEN TX KNEE DISLOCATION W REPAIR/RECONSTRUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27560	PR CLOSED RX KNEECAP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27560	PR CLOSED RX KNEECAP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27562	PR CLOSED RX KNEECAP DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27562	PR CLOSED RX KNEECAP DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27566	PR OPEN RX KNEECAP DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27570	PR MANIPULATN KNEE JT +ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27580	PR FUSION OF KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27590	PR AMPUTATE THIGH,THRU FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27591	PR AMPUTATE THIGH+STAT FITTING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27592	PR AMPUTATE THIGH,OPEN CIRCULAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27594	PR AMPUTATE THIGH,SECONDRY CLOSUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27596	PR AMPUTATE THIGH,RE-AMPUTATN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27598	PR AMPUTATE LOWER LEG AT KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27599	PR FEMUR/KNEE SURG UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27600	PR DECOMPRESS ANT/LAT LEG CMPART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27601	PR DECOMPRESS POST LEG COMPARTMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27602	PR DECOMPRESS ANT/LAT+POST LEG CMPART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27603	PR DRAIN LOWER LEG DEEP ABSC/HEMATOMA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27604	PR DRAIN LOWER LEG BURSA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27605	PR INCIS ACHILLES TENDON +LOCAL ANESTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27606	PR INCIS ACHILLES TENDON+GEN ANESTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27607	PR DRAIN LEG/ANKLE BONE FOR INFECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27610	PR EXPLORE/TREAT ANKLE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27612	PR EXPLORE/RELEASE POST CAP ANKLE JT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27613	PR BX LOW LEG SOFT TISSUE,SUPERFICIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27613	PR BX LOW LEG SOFT TISSUE,SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
27614	PR BX LOW LEG SOFT TISSUE,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
27614	PR BX LOW LEG SOFT TISSUE,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27615	PR RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27616	PR RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27618	PR RESEC TUMOR LOWER LEG,SUBCUT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27619	PR RESEC TUMOR LOWER LEG,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27620	PR EXPLOR ANKLE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27625	PR EXPLOR ANKLE JT +SYNOVECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27626	PR EXPLOR ANKLE JT +TENOSYNOVECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27630	PR EXCIS LESN TENDON SHEALTH LEG/ANKLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27630	PR EXCIS LESN TENDON SHEALTH LEG/ANKLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27630	PR EXCIS LESN TENDON SHEALTH LEG/ANKLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27632	PR EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27634	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27635	PR EXCIS BENIGN LESN,TIB/FIB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27637	PR EXCIS BENIGN LESN,TIB/FIB +AUTOGRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27638	PR EXCIS BENIGN LESN,TIB/FIB +ALLOGRFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27640	PR PARTIAL REMOVAL OF TIBIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27641	PR PARTIAL REMOVAL OF FIBULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27645	PR RAD RESEC TUMOR,TIBIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27646	PR RAD RESEC TUMOR,FIBULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27647	PR RAD RESEC TUMOR,TALUS/ CALCANEUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27648	PR INJECTION FOR ANKLE ARTHROGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27650	PR REPAIR ACHILLES TENDON,PRIMARY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27650	PR REPAIR ACHILLES TENDON,PRIMARY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27652	PR REPAIR/GRAFT ACHILLES TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27652	PR REPAIR/GRAFT ACHILLES TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27654	PR REPAIR ACHILLES TENDON,SECONDARY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27654	PR REPAIR ACHILLES TENDON,SECONDARY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27656	PR REPAIR LEG FASCIA DEFECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27658	PR REPAIR FLEX LEG TENDON,PRIM, EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27658	PR REPAIR FLEX LEG TENDON,PRIM, EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27659	PR REPAIR FLEX LEG TENDON,SECOND,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27659	PR REPAIR FLEX LEG TENDON,SECOND,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27664	PR REPAIR EXTEN LEG TENDN,PRIM,EACH	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27664	PR REPAIR EXTEN LEG TENDN,PRIM,EACH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27665	PR REPAIR EXTEN LEG TENDN,SECOND,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27665	PR REPAIR EXTEN LEG TENDN,SECOND,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27675	PR REPAIR PERONEAL TENDONS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27675	PR REPAIR PERONEAL TENDONS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27676	PR REPAIR PERONEAL TENDONS,FIB OSTEOTMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27676	PR REPAIR PERONEAL TENDONS,FIB OSTEOTMY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27680	PR RELEASE TIB/FIB/ANKLE FLEX TENDON,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27680	PR RELEASE TIB/FIB/ANKLE FLEX TENDON,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27681	PR RELEASE TIB/FIB/ANKL FLEX TENDON,MUL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27681	PR RELEASE TIB/FIB/ANKL FLEX TENDON,MUL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27685	PR LENGTH/SHORT LEG/ANKL TENDON,SINGLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27685	PR LENGTH/SHORT LEG/ANKL TENDON,SINGLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27686	PR LENGTH/SHORT LEG/ANKL TENDON,MULTI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27686	PR LENGTH/SHORT LEG/ANKL TENDON,MULTI	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27687	PR GASTROCNEMIUS RECESSION	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27687	PR GASTROCNEMIUS RECESSION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27690	PR XFER SINGLE SUPERFICI LOW LEG TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27690	PR XFER SINGLE SUPERFICI LOW LEG TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27691	PR XFER SINGLE DEEP LOW LEG TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27691	PR XFER SINGLE DEEP LOW LEG TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27692	PR XFER ADDNL LOWER LEG TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27692	PR XFER ADDNL LOWER LEG TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
27695	PR REPAIR 1 COLLAT ANKLE LIGMNT,PRIMARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27696	PR REPAIR BOTH COLLAT ANKL LIGMT,PRIMRY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27698	PR REPAIR COLLAT ANKLE LIGMNT,SECONDARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27700	PR ARTHROPLASTY ANKLE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27702	PR TOTAL ANKLE REPLACEMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27703	PR SECONDARY RECONSTRUCTION,ANKLE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27704	PR REMOVAL OF ANKLE IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27705	PR OSTEOTOMY TIBIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27707	PR OSTEOTOMY FIBULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27709	PR OSTEOTOMY TIBIA & FIBULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27712	PR OSTEOTOMIES TIB/FIB +INTRAMED ROD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27715	PR LENGTHENING TIBIA/FIBULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27720	RPR NON/MALUNION TIBIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27722	RPR NON/MALUNION TIBIA +SLIDING GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27724	RPR NON/MALUNION TIBIA +AUTOGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27725	RPR NON/MALUNION TIBIA,FUSE W FIBULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27726	PR RPR FIBULA NONUNION/MALUNION W INT FIXATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27727	RPR CONGEN PSEUDOARTHROSIS TIBIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27730	PR ARREST,EPIPHYSEAL,OPEN,DISTAL TIBIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27732	PR STOP GROWTH DISTAL FIBULA EPIPHYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27734	PR STOP GROWTH DISTAL TIB/FIB EPIPHYSES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27740	PR STOP GROWTH PROX/DIST TIBIA/FIBULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27742	PR STOP GROWTH PROX/DIST TIB/FIB+FEMUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27745	PR REINFORCE TIBIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27750	PR CLOSED RX TIBIA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27752	PR CLOSED RX TIBIA SHAFT FX,MANIPULAT N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27756	PR PERCUT RX TIBIA SHAFT FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27758	PR OPEN RX TIBIA SHAFT FX,SCREWS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27759	PR TREAT TIBIAL SHAFT FX, INTRAMED IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27760	PR CLOSED RX MED MALLEOLUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27762	PR CLOSED RX MED MALLEOLUS FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27767	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27767	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27767	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27768	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27768	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27768	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27769	PR OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27769	PR OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27780	PR CLOSED RX PROX/SHAFT FIBULA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27780	PR CLOSED RX PROX/SHAFT FIBULA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27781	PR CLOSED RX PROX/SHAFT FIB FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27781	PR CLOSED RX PROX/SHAFT FIB FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27786	PR CLOSED RX DIST FIBULA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27786	PR CLOSED RX DIST FIBULA FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27788	PR CLOSED RX DIST FIBULA FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27788	PR CLOSED RX DIST FIBULA FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27816	PR CLOSED RX TRIMALLEOLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27816	PR CLOSED RX TRIMALLEOLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27816	PR CLOSED RX TRIMALLEOLAR FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27818	PR CLOSED RX TRIMALLEOLAR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27818	PR CLOSED RX TRIMALLEOLAR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27818	PR CLOSED RX TRIMALLEOLAR FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIX PST LIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIX PST LIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIX PST LIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27823	OPEN TX TRIMALLEOLAR ANKLE FX W FIX PST LIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27823	OPEN TX TRIMALLEOLAR ANKLE FX W FIX PST LIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27823	OPEN TX TRIMALLEOLAR ANKLE FX W FIX PST LIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27824	PR CLOSED RX WEIGHT BEAR DIST TIBIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27824	PR CLOSED RX WEIGHT BEAR DIST TIBIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27824	PR CLOSED RX WEIGHT BEAR DIST TIBIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27825	PR CLOSED RX WEIGHT BEAR DIST TIB,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27825	PR CLOSED RX WEIGHT BEAR DIST TIB,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27825	PR CLOSED RX WEIGHT BEAR DIST TIB,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27830	PR CLOSED RX PROX TIB/FIB DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27830	PR CLOSED RX PROX TIB/FIB DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27830	PR CLOSED RX PROX TIB/FIB DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27831	PR CLOSED RX PROX TIB/FIB DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27831	PR CLOSED RX PROX TIB/FIB DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27831	PR CLOSED RX PROX TIB/FIB DISLOC +ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27840	PR CLOSED RX ANKLE DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27840	PR CLOSED RX ANKLE DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
27842	PR CLOSED RX ANKLE DISLOCATN,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27846	PR OPEN RX ANKLE DISLOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27848	PR OPEN RX ANKLE DISLOCATN +FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27860	PR MANIPULATION ANKLE JT W ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
27870	PR ARTHRODESIS, ANKLE,OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27871	PR FUSION OF TIBIOFIBULAR JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27880	PR AMPUTATION LOW LEG THRU TIB/FIB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27881	PR AMPUTATION LOW LEG+STAT FITTING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27882	PR AMPUTATION LOW LEG,CIRCULAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27884	PR AMPUTATION LOW LEG,SECOND CLOSURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27886	PR RE-AMPUTATION LOWER LEG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27888	PR AMPUTATION ANKLE-TIB/FIB MALLEOLI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27889	PR ANKLE DISARTICULATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27892	PR DECOMPRESS FASCIOTOMY LEG,ANT/LAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
27893	PR DECOMPRESS FASCIOT LEG,POST ONLY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27894	PR DECOMPRESS LEG,ANT/LAT & POST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
27899	PR LEG/ANKLE SURGERY PROC UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
28001	PR INCIS/DRAINAGE BURSA OF FOOT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28001	PR INCIS/DRAINAGE BURSA OF FOOT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28002	PR DEEP DISSEC FOOT INFEC,1 BURSA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28002	PR DEEP DISSEC FOOT INFEC,1 BURSA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28003	PR DEEP DISSEC FOOT INFEC,MULTIPLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28003	PR DEEP DISSEC FOOT INFEC,MULTIPLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28005	PR DEEP INCIS FOOT BONE INFECTN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28005	PR DEEP INCIS FOOT BONE INFECTN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28008	PR INCISION OF FOOT/TOE FASCIA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28008	PR INCISION OF FOOT/TOE FASCIA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28010	PR INCISION SUBCUT TOE TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28010	PR INCISION SUBCUT TOE TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28011	PR INCISION SUBCUT TOE TENDON,>1	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28011	PR INCISION SUBCUT TOE TENDON,>1	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28020	PR EXPLOR TARSAL/TARSO METATAR JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28020	PR EXPLOR TARSAL/TARSO METATAR JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28022	PR EXPLOR METATARSO-PHALANG JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28022	PR EXPLOR METATARSO-PHALANG JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28024	PR EXPLOR INTERPHALAN GEAL JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28024	PR EXPLOR INTERPHALAN GEAL JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28035	PR TARSAL TUNNEL RELEASE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28035	PR TARSAL TUNNEL RELEASE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28039	EXC FOOT/TOE TUM SC > 1.5 CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28039	EXC FOOT/TOE TUM SC > 1.5 CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28041	PR EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28041	PR EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28043	PR EXCIS FOOT TUMOR,SUBCUTANEOUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28043	PR EXCIS FOOT TUMOR,SUBCUTANEOUS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28045	PR EXCIS FOOT TUMOR,DEEP	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28045	PR EXCIS FOOT TUMOR,DEEP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28046	PR RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28046	PR RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28047	PR RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28047	PR RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28050	PR BX SYNOVIUM TARS/TARSOMETA JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28050	PR BX SYNOVIUM TARS/TARSOMETA JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28052	PR BX SYNOVIUM METATARSO-PHAL JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28052	PR BX SYNOVIUM METATARSO-PHAL JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28054	PR BX SYNOVIUM INTERPHALANG JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28054	PR BX SYNOVIUM INTERPHALANG JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28055	PR NEURECTOMY, INTRINSIC MUSCULATURE FOOT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28055	PR NEURECTOMY, INTRINSIC MUSCULATURE FOOT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28060	PR PART EXCIS PLANTAR FASCIA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28060	PR PART EXCIS PLANTAR FASCIA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28062	PR RAD EXCIS PLANTAR FASCIA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28062	PR RAD EXCIS PLANTAR FASCIA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28070	PR SYNOVECTOMY TARS/TARSOMETA JT,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28070	PR SYNOVECTOMY TARS/TARSOMETA JT,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28072	PR SYNOVECTOMY METATAR-PHAL JT,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28072	PR SYNOVECTOMY METATAR-PHAL JT,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28080	PR EXCIS INTERDIGITAL NEUROMA,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28080	PR EXCIS INTERDIGITAL NEUROMA,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28086	PR SYNOVECTOMY FLEX TENDN SHEATH,FOOT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28086	PR SYNOVECTOMY FLEX TENDN SHEATH,FOOT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
28088	PR SYNOVECTOMY EXTEN TENDN SHEATH,FOOT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
28088	PR SYNOVECTOMY EXTEN TENDN SHEATH,FOOT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28090	PR EXCIS TENDN/CAPSULE LESN,FOOT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
28090	PR EXCIS TENDN/CAPSULE LESN,FOOT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
28092	PR EXCIS TENDN/CAPSULE LESN,TOES	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28092	PR EXCIS TENDN/CAPSULE LESN,TOES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT AN ORTHOPAEDICS, ORTHOPAEDIC SURGERY, PEDIATRIC ORTHOPAEDIC SURGERY, PODIATRY EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
28100	PR REMV TALUS/HEEL BENIGN BONE LESN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28100	PR REMV TALUS/HEEL BENIGN BONE LESN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28102	PR REMV TALUS/HEEL BENIGN LESN,AUTOGRFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28102	PR REMV TALUS/HEEL BENIGN LESN,AUTOGRFT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28103	PR REMV TALUS/HEEL BENIGN LESN,ALLOGRFT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28103	PR REMV TALUS/HEEL BENIGN LESN,ALLOGRFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28104	PR REMV TARSAL/METATARSAL BENIGN BONE LESN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28104	PR REMV TARSAL/METATARSAL BENIGN BONE LESN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28106	PR REMV OTHR FOOT BENIGN LESN,AUTOGR FT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28106	PR REMV OTHR FOOT BENIGN LESN,AUTOGR FT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28107	PR REMV OTHR FOOT BENIGN LESN,ALLOGRF T	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28107	PR REMV OTHR FOOT BENIGN LESN,ALLOGRF T	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28108	PR REMV TOE BENIGN BONE LESN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28108	PR REMV TOE BENIGN BONE LESN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28110	PR PART EXCIS 5TH METATARSAL HEAD	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28110	PR PART EXCIS 5TH METATARSAL HEAD	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST	MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28111	PR FULL EXCIS 1ST METATARSAL HEAD	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28111	PR FULL EXCIS 1ST METATARSAL HEAD	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28112	PR FULL EXCIS 2,3 OR 4TH METATAR HEAD	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28112	PR FULL EXCIS 2,3 OR 4TH METATAR HEAD	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28113	PR FULL EXCIS 5TH METATARSAL HEAD	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28113	PR FULL EXCIS 5TH METATARSAL HEAD	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28114	PR FULL EXCIS 2 - 5 METATARSAL HEADS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28114	PR FULL EXCIS 2 - 5 METATARSAL HEADS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28116	PR EXCIS TARSAL COALITION	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28116	PR EXCIS TARSAL COALITION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28118	PR REMOVAL OF HEEL BONE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28118	PR REMOVAL OF HEEL BONE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28119	PR REMOVAL OF HEEL SPUR	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28119	PR REMOVAL OF HEEL SPUR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28120	PR PART REMV TALUS OR CALCANEUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28120	PR PART REMV TALUS OR CALCANEUS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28122	PR PART REMV OTHR TARSAL/METATARSAL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28122	PR PART REMV OTHR TARSAL/METATARSAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28124	PR PART REMV PHALANX OF TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28124	PR PART REMV PHALANX OF TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28126	PR RESEC ONE TOE PHALANGEAL BASE,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28126	PR RESEC ONE TOE PHALANGEAL BASE,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28130	PR REMOVAL OF TALUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28130	PR REMOVAL OF TALUS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28140	PR REMOVAL OF METATARSAL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28140	PR REMOVAL OF METATARSAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28150	PR REMOVAL OF SINGLE TOE,EACH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28150	PR REMOVAL OF SINGLE TOE,EACH	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28153	PR RESEC HEAD OF PHALANX,TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28153	PR RESEC HEAD OF PHALANX,TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28160	PR RESEC TOE AT I-P JT,SINGLE,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28160	PR RESEC TOE AT I-P JT,SINGLE,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28171	PR RAD RESEC OTHR TARSAL BONE TUMOR	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28171	PR RAD RESEC OTHR TARSAL BONE TUMOR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28173	PR RAD RESEC METATARSAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28173	PR RAD RESEC METATARSAL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28175	PR RAD RESEC PHALANX,TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28175	PR RAD RESEC PHALANX,TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28190	PR REMV FOOT FOREIGN BODY,SUBCUTANEOUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28190	PR REMV FOOT FOREIGN BODY,SUBCUTANEOUS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28192	PR REMV FOOT FOREIGN BODY,DEEP	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28192	PR REMV FOOT FOREIGN BODY,DEEP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28193	PR REMV FOOT FOREIGN BODY,COMPLEX	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28193	PR REMV FOOT FOREIGN BODY,COMPLEX	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28200	PR REPAIR FLEX FOOT TENDON,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28200	PR REPAIR FLEX FOOT TENDON,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28202	PR REPAIR/GRAFT FLEX FOOT TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28202	PR REPAIR/GRAFT FLEX FOOT TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28208	PR REPAIR EXTEN LEG TENDON,PRIM, EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28208	PR REPAIR EXTEN LEG TENDON,PRIM, EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28210	PR REPAIR/GRAFT EXTEN FOOT TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28210	PR REPAIR/GRAFT EXTEN FOOT TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28220	PR RELEASE FLEX FOOT TENDON,SINGLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28220	PR RELEASE FLEX FOOT TENDON,SINGLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28222	PR RELEASE FLEX FOOT TENDON,MULTIPLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28222	PR RELEASE FLEX FOOT TENDON,MULTIPLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28225	PR RELEASE EXTEN FOOT TENDON,SINGLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28225	PR RELEASE EXTEN FOOT TENDON,SINGLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28226	PR RELEASE EXTEN FOOT TENDONS,MULTIPL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28226	PR RELEASE EXTEN FOOT TENDONS,MULTIPL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28230	PR INCISION FLEX FOOT TENDON(S)	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28230	PR INCISION FLEX FOOT TENDON(S)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28232	PR INCISION FLEX TOE TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28232	PR INCISION FLEX TOE TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28234	PR INCISION EXTEN FOOT/TOE TENDON	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28234	PR INCISION EXTEN FOOT/TOE TENDON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28238	PR RECONST POST TIB TEND,EXCIS ACC TAR NAV	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28238	PR RECONST POST TIB TEND,EXCIS ACC TAR NAV	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28240	PR RELEASE OF BIG TOE TENDN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST	MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28240	PR RELEASE OF BIG TOE TENDN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28250	PR DIVISN PLANTAR FASCIA/MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28250	PR DIVISN PLANTAR FASCIA/MUSCLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28260	PR CAPSULOTOMY MIDFOOT JT,MED RELEASE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28260	PR CAPSULOTOMY MIDFOOT JT,MED RELEASE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28261	PR CAPSULOTOMY MIDFOOT,TEND N LENGTH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28261	PR CAPSULOTOMY MIDFOOT,TEND N LENGTH	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28262	PR CAPSULOTOMY MIDFOOT,EXTE NSIVE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28262	PR CAPSULOTOMY MIDFOOT,EXTENSIVE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28264	PR CAPSULOTOMY MIDTARSAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28264	PR CAPSULOTOMY MIDTARSAL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28270	PR CAPSULOTOMY MT-P JT,FOOT,EACH	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28270	PR CAPSULOTOMY MT-P JT,FOOT,EACH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28272	PR CAPSULOTOMY I-P JT,FOOT,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28272	PR CAPSULOTOMY I-P JT,FOOT,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28280	PR FUSION OF TOES	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28280	PR FUSION OF TOES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28285	PR REPAIR OF HAMMERTOE,ONE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28285	PR REPAIR OF HAMMERTOE,ONE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28286	PR REPAIR 5TH TOE,COCK-UP	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28286	PR REPAIR 5TH TOE,COCK-UP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28288	PR PART REMV BONE METATARSAL HEAD,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28288	PR PART REMV BONE METATARSAL HEAD,EA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28289	PR HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST	MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28289	PR HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28291	PR HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28291	PR HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST	MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28292	PR CORRECTION OF BUNION	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST	MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28292	PR CORRECTION OF BUNION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28295	PR CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD ANKLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28295	PR CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF MIDFOOT BONE TOWARD ANKLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST	MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28296	PR CORRECTION OF BUNION WITH FOREFOOT AND MIDFOOT BONE FUSION	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST	MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28296	PR CORRECTION OF BUNION WITH FOREFOOT AND MIDFOOT BONE FUSION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Bunionectomy): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Bunionectomy.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28297	PR CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28297	PR CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28298	PR CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF BIG TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28298	PR CORRECTION OF BUNION WITH ALIGNMENT CORRECTION OF BIG TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28299	PR CORRECTION OF BUNION WITH 2 AREAS OF REALIGNMENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28299	PR CORRECTION OF BUNION WITH 2 AREAS OF REALIGNMENT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28300	PR OSTEOTOMY HEEL BONE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28300	PR OSTEOTOMY HEEL BONE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28302	PR OSTEOTOMY TALUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28302	PR OSTEOTOMY TALUS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28304	PR OSTEOTOMY MIDTARSAL BONES	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28304	PR OSTEOTOMY MIDTARSAL BONES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28305	PR OSTEOTOMY MIDTARSAL,AUTOGRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28305	PR OSTEOTOMY MIDTARSAL,AUTOGRAFT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28306	PR OSTEOTOMY 1ST METATARSAL,BASE/SHAFT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28306	PR OSTEOTOMY 1ST METATARSAL,BASE/SHAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28307	PR OSTEOTOMY 1ST METATARSAL,AUTOGRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28307	PR OSTEOTOMY 1ST METATARSAL,AUTOGRAFT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28308	PR OSTEOTOMY METATARSAL (NOT 1ST)	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28308	PR OSTEOTOMY METATARSAL (NOT 1ST)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28309	PR OSTEOTOMY METATARSALS, MULTIPLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28309	PR OSTEOTOMY METATARSALS, MULTIPLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28310	PR OSTEOTOMY PROX PHALANX,1ST TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28310	PR OSTEOTOMY PROX PHALANX,1ST TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28312	PR OSTEOTOMY,ANY PHALANX,ANY TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28312	PR OSTEOTOMY,ANY PHALANX,ANY TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28313	PR RECONSTRUC TOE DEFORM,SOFT TISSUE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28313	PR RECONSTRUC TOE DEFORM,SOFT TISSUE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28315	PR REMOV SESAMOID BONE,1ST TOE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28315	PR REMOV SESAMOID BONE,1ST TOE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28320	PR REPAIR NON/MALUNIO N TARSAL BONE(S)	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28320	PR REPAIR NON/MALUNION TARSAL BONE(S)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28322	PR REPAIR NON/MALUNION METATARSAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28322	PR REPAIR NON/MALUNION METATARSAL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28340	PR RESECT ENLARGED TOE TISSUE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28340	PR RESECT ENLARGED TOE TISSUE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28341	PR RESECT ENLARGED TOE TISSUE/BONE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28341	PR RESECT ENLARGED TOE TISSUE/BONE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28344	PR REPAIR EXTRA TOE(S)	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28344	PR REPAIR EXTRA TOE(S)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28345	PR REPAIR WEBBED TOE (S)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28345	PR REPAIR WEBBED TOE (S)	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28360	PR RECONSTRUCT CLEFT FOOT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28360	PR RECONSTRUCT CLEFT FOOT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28400	PR CLOSED RX HEEL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28400	PR CLOSED RX HEEL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28405	PR CLOSED RX HEEL FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28405	PR CLOSED RX HEEL FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28406	PR PERCUT RX HEEL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28406	PR PERCUT RX HEEL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28415	OPEN TREATMENT CALCANEAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28415	OPEN TREATMENT CALCANEAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28415	OPEN TREATMENT CALCANEAL FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28430	PR CLOSED RX TALUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28430	PR CLOSED RX TALUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28430	PR CLOSED RX TALUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28435	PR CLOSED RX TALUS FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28435	PR CLOSED RX TALUS FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28435	PR CLOSED RX TALUS FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28436	PR PERCUT RX TALUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28436	PR PERCUT RX TALUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28436	PR PERCUT RX TALUS FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28445	OPEN TREATMENT TALUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28445	OPEN TREATMENT TALUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28445	OPEN TREATMENT TALUS FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28446	PR OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28446	PR OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28446	PR OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28450	PR CLOSED RX TARSAL FX,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28450	PR CLOSED RX TARSAL FX,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28450	PR CLOSED RX TARSAL FX,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28455	PR CLOSED RX TARSAL FX,MANIP,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28455	PR CLOSED RX TARSAL FX,MANIP,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28455	PR CLOSED RX TARSAL FX,MANIP,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28456	PR PERCUT RX TARSAL FX,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28456	PR PERCUT RX TARSAL FX,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28456	PR PERCUT RX TARSAL FX,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28465	OPEN TX TARSAL FRACTURE XCP TALUS &CALCANEUS EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28465	OPEN TX TARSAL FRACTURE XCP TALUS &CALCANEUS EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28465	OPEN TX TARSAL FRACTURE XCP TALUS &CALCANEUS EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28470	PR CLOSED RX METATARSAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28470	PR CLOSED RX METATARSAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28470	PR CLOSED RX METATARSAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28475	PR CLOSED RX METATARSAL FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28475	PR CLOSED RX METATARSAL FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28475	PR CLOSED RX METATARSAL FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28476	PR PERCUT RX METATARSAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28476	PR PERCUT RX METATARSAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28476	PR PERCUT RX METATARSAL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28490	PR CLOSED RX BIG TOE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28490	PR CLOSED RX BIG TOE FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28495	PR CLOSED RX BIG TOE FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28495	PR CLOSED RX BIG TOE FX,MANIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28496	PR PERCUT BIG TOE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28496	PR PERCUT BIG TOE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/ PHALANGES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/ PHALANGES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/ PHALANGES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28510	PR CLOSED RX TOE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28510	PR CLOSED RX TOE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28510	PR CLOSED RX TOE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28515	PR CLOSED RX TOE FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28515	PR CLOSED RX TOE FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28515	PR CLOSED RX TOE FX,MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28530	PR CLOSED RX SESAMOID BONE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28530	PR CLOSED RX SESAMOID BONE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28530	PR CLOSED RX SESAMOID BONE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28531	PR OPEN RX SESAMOID BONE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28531	PR OPEN RX SESAMOID BONE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28531	PR OPEN RX SESAMOID BONE FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28540	PR CLOSED RX TARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28540	PR CLOSED RX TARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28540	PR CLOSED RX TARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28545	PR CLOSED RX TARSAL DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28545	PR CLOSED RX TARSAL DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28545	PR CLOSED RX TARSAL DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28546	PR PERCUT RX TARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28546	PR PERCUT RX TARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28546	PR PERCUT RX TARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28570	PR CLOSED RX TALOTARSAL DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28570	PR CLOSED RX TALOTARSAL DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28570	PR CLOSED RX TALOTARSAL DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28575	PR CLOSED RX TALOTARSAL DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28575	PR CLOSED RX TALOTARSAL DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28575	PR CLOSED RX TALOTARSAL DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28576	PR PERCUT RX TALOTARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28576	PR PERCUT RX TALOTARSAL DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28600	PR CLOSED RX TAR-METATAR DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28605	PR CLOSED RX TAR-METATAR DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28606	PR PERCUT RX TAR-METATAR FOOT DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28630	PR CLOSED RX MT-PHAL TOE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28630	PR CLOSED RX MT-PHAL TOE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28635	PR CLOSED RX MT-PHAL TOE DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28635	PR CLOSED RX MT-PHAL TOE DISLOC,ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28636	PR PERCUT RX MT-PHAL TOE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28636	PR PERCUT RX MT-PHAL TOE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28660	PR CLOSED RX I-P JT,TOE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28660	PR CLOSED RX I-P JT,TOE DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28665	PR CLOSED RX I-P JT,TOE DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28665	PR CLOSED RX I-P JT,TOE DISLOC,ANEST H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28666	PR PERCUT RX I-P JT,TOE DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
28666	PR PERCUT RX I-P JT,TOE DISLOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28705	PR FUSION FOOT BONES,PANTALAR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28705	PR FUSION FOOT BONES,PANTALAR	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28715	PR FUSION FOOT BONES,TRIPLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28715	PR FUSION FOOT BONES,TRIPLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28725	PR FUSION FOOT BONES,SUBTALAR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28725	PR FUSION FOOT BONES,SUBTALAR	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28730	PR FUSION FOOT BONES,MIDTARSAL,MULTI	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28730	PR FUSION FOOT BONES,MIDTARSAL,MULTI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28735	PR FUSION FOOT BONES,MIDTARSAL,OSTEOTMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28735	PR FUSION FOOT BONES,MIDTARSAL,OSTEOTMY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28737	PR FUSION W/TEND ADV,MIDTAR NAV-CUNEIFORM	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28737	PR FUSION W/TEND ADV,MIDTAR NAV-CUNEIFORM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28740	PR FUSION FOOT BONE,MIDTARSAL,1 JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28740	PR FUSION FOOT BONE,MIDTARSAL,1 JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28750	PR FUSION BIG TOE,MT-P JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28750	PR FUSION BIG TOE,MT-P JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28755	PR FUSION BIG TOE,I-P JOINT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28755	PR FUSION BIG TOE,I-P JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
28760	PR FUSION BIG TOE,I-P JT +TENDN XFER	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28760	PR FUSION BIG TOE,I-P JT +TENDN XFER	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28800	PR AMPUTATION FOOT,MIDTARSAL-CHOPART	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28800	PR AMPUTATION FOOT,MIDTARSAL-CHOPART	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28805	PR AMPUTATION FOOT,TRANSMETATARSAL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28805	PR AMPUTATION FOOT,TRANSMETATARSAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28810	PR AMPUTATION METATARSAL +TOE,SINGLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28810	PR AMPUTATION METATARSAL +TOE,SINGLE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28820	PR AMPUTATION TOE,MT-P JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28820	PR AMPUTATION TOE,MT-P JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28825	PR AMPUTATION TOE,I-P JT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28825	PR AMPUTATION TOE,I-P JT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28890	PR ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
28899	PR FOOT/TOES SURGERY PROC UNLISTED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
28899	PR FOOT/TOES SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
29000	PR APPLY BODY CAST,HALO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29010	PR APPLY BODY CAST,RISSER JACKET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29015	PR APPLY BODY CAST,RISSER +HEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29020	PR APPLY BODY CAST,TURNBUCKLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29025	PR APPLY BODY CAST,TURNBUC+HEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29035	PR APPLY BODY CAST,SHLDR-HIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29040	PR APPLY BODY CAST,SHLDR-HIP+HEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29044	PR APPLY BODY CAST,SHLDR-HIP+1 THIGH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29046	PR APPLY BODY CAST,SHLDR-HIP+2 THIGHS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29049	PR APPLY CAST,FIGURE-OF-EIGHT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29055	PR APPLY SHOULDER CAST,SPICA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29058	PR APPLY SHOULDER CAST,PLASTR VELPEAU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29065	PR APPLY LONG ARM CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29075	PR APPLY FOREARM CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29085	PR APPLY HAND/WRIST CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29086	PR APPLY CAST,FINGER (CONTRACTURE)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29105	PR APPLY LONG ARM SPLINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29125	PR APPLY FOREARM SPLINT,STATIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29126	PR APPLY FOREARM SPLINT,DYNAMIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29130	PR APPLY FINGER SPLINT,STATIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29131	PR APPLY FINGER SPLINT,DYNAMIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29200	PR STRAPPING OF CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29220	PR STRAPPING OF LOW BACK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29240	PR STRAPPING OF SHOULDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29260	PR STRAPPING OF ELBOW OR WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29280	PR STRAPPING OF HAND OR FINGER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29305	PR APPLY OF HIP CAST,ONE LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29325	PR APPLY OF HIP CASTS,TWO LEGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29345	PR APPLY LONG LEG CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29355	PR APPLY LONG LEG CAST,WALKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29358	PR APPLY LONG LEG CAST BRACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29365	PR APPLY LONG LEG CAST,CYLINDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29405	PR APPLY SHORT LEG CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29425	PR APPLY SHORT LEG CAST,WALKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29435	PR APPLY PATELLA TENDON BEARING CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29440	PR ADDITION OF WALKER TO CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29445	PR APPLY RIGID LEG CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29450	PR APPLY OF CLUBFOOT CAST	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: M21.541, M21.542, M21.549, Q66.00, Q66.01, Q66.02, Q66.10, Q66.11, Q66.11, Q66.211, Q66.212, Q66.219, Q66.221, Q66.222, Q66.229, Q66.30, Q66.31, Q66.32, Q66.40, Q66.41, Q66.42, Q66.51, Q66.52, Q66.6, Q66.70, Q66.71, Q66.72, Q66.81, Q66.82, Q66.89, Q66.90, Q66.91, Q66.92 AGE: NO AUTH REQUIRED FOR 3 YEARS OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29450	PR APPLY OF CLUBFOOT CAST	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: M21.541, M21.542, M21.549, Q66.00, Q66.01, Q66.02, Q66.10, Q66.11, Q66.11, Q66.211, Q66.212, Q66.219, Q66.221, Q66.222, Q66.229, Q66.30, Q66.31, Q66.32, Q66.40, Q66.41, Q66.42, Q66.51, Q66.52, Q66.6, Q66.70, Q66.71, Q66.72, Q66.81, Q66.82, Q66.89, Q66.90, Q66.91, Q66.92 AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 3 YEARS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2024
29505	PR APPLY LONG LEG SPLINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29515	PR APPLY LOWER LEG SPLINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29520	PR STRAPPING OF HIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29530	PR STRAPPING OF KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29540	PR STRAPPING; ANKLE &/OR FOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29550	PR STRAPPING OF TOES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29580	PR APPLY OF PASTE BOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29581	PR APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29582	PR APPL MLTLAYR COMPRES THGH LEG ANKLE FT WHEN DONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29583	PR APPL MLTLAYR COMPRES SYSTEM UPPER & LOWER ARM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29584	PR APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FINGER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29700	PR REMV/REVISN BOOT/BODY CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29705	PR REMV/REVISN FULL ARM/LEG CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29710	PR REMV/REVISN SHLDR/HIP SPICA CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29715	PR REMV/REVISN TURNBUCKLE JACKET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29720	PR REPAIR SPICA/BODY/JACKET CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29730	PR WINDOWING OF CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29740	PR WEDGING OF CAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29750	PR WEDGING OF CLUBFOOT CAST	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR 3 YEARS OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29750	PR WEDGING OF CLUBFOOT CAST	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 3 YEARS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29799	PR CAST/STRAP PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29800	PR TMJ ARTHROSCOPY /DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29804	PR TMJ ARTHROSCOPY /SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
29805	PR SHLDR ARTHROSCOP, DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29806	PR SHLDR ARTHROSCOP, SURG,CAPSUL ORRHAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29807	PR SHLDR ARTHROSCOP, SURG,REPAIR, SLAP LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29819	PR SHLDR ARTHROSCOP, SURG,W/REMO VAL,LOOSE/FB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29820	PR SHLDR ARTHROSCOP, PART SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29821	PR SHLDR ARTHROSCOP, FULL SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29822	PR SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29823	PR SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29824	PR SHLDR ARTHROSCOP, SURG,DIS CLAVICULECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29825	PR SHLDR ARTHROSCOP, LYSE ADHESNS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29826	PR SHOULDER SCOPE BONE SHAVING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29827	PR SHLDR ARTHROSCOP, SURG,W/ROTA T CUFF REPR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29828	PR ARTHROSCOPY SHOULDER SURGICAL BICEPS TENODESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29830	PR ELBOW ARTHROSCOP, DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29834	PR ELBOW ARTHROSCOP, REMV LOOSE BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29835	PR ELBOW ARTHROSCOP, PART SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29836	PR ELBOW ARTHROSCOP, FULL SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29837	PR ELBOW ARTHROSCOP, PART DEBRIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29838	PR ELBOW ARTHROSCOP, EXTEN DEBRIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29840	PR WRIST ARTHROSCOP, DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29843	PR WRIST ARTHROSCOP, CLEAN/DRAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29844	PR WRIST ARTHROSCOP, PART SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29845	PR WRIST ARTHROSCOP, FULL SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29846	PR WRIST ARTHROSCOP, EXCIS TRIANG CART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29847	PR WRIST ARTHROSCOP,INTERN FIXATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29848	PR WRIST ARTHROSCOP, RELEASE XVERS LIG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29850	PR KNEE SCOPE/SURG/INTERCOND FX AID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29851	PR KNEE SCOPE/SURG/INCOND FX AID +FIXAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29855	PR TIBIAL SCOPE/SURG/FX AID,UNICONDYLR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29856	PR TIBIAL SCOPE/SURG/FX AID,BICONDYLAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29860	PR HIP ARTHROSCOPY, DX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29861	PR HIP SCOPE/REMOV LOOSE/FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29862	PR HIP SCOPE/REMV BODY,PLASTY/RESECTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29863	PR HIP SCOPE/REMV BODY,SYNOVECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29866	PR KNEE SCOPE, AUTOGRAFT IMPANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29867	PR KNEE SCOPE, ALLOGRAFT IMPANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29868	PR KNEE SCOPE, MENISC TRANSPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29870	PR KNEE SCOPE,DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29871	PR KNEE SCOPE,CLEAN/ DRAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29873	PR KNEE SCOPE, W/LATERAL RELEASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29874	PR KNEE SCOPE,REMV LOOSE BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29875	PR KNEE SCOPE,PART SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29876	PR KNEE SCOPE,FULL SYNOVECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29877	PR KNEE SCOPE,SHAVE ARTICULAR CART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29879	PR KNEE SCOPE,ABRASN ARTHROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29880	PR ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29881	PR ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29882	PR KNEE SCOPE,MED OR LAT MENIS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29883	PR KNEE SCOPE,MED +LAT MENIS REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29884	PR KNEE SCOPE,LYSIS OF ADHESNS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29885	PR KNEE SCOPE,DRILL OSTE DISSEC +GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29886	PR KNEE SCOPE,DRILL OSTEIT DISSEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29887	PR KNEE SCOPE,DRILL OSTE DISS+INT FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29888	PR KNEE SCOPE,AID ANT CRUCIATE REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29889	PR KNEE SCOPE,AID POST CRUC REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
29891	PR ANKLE SCOPE,EXCIS OSTEOCHON DEFCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29892	PR ANKLE SCOPE,AID REPAIR FX,BONE DEFCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29893	PR ANKLE SCOPE,PLANTAR FASCIOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29894	PR ANKLE SCOPE,REMVL LOOSE BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29895	PR ANKLE SCOPE,PART SYNOVECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29897	PR ANKLE SCOPE,PART DEBRIDEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29898	PR ANKLE SCOPE,EXTENS DEBRIDEMNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29899	PR ANKLE SCOPE,W/ANKLE ARTHRODESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29900	PR ARTHROS MCP JNT,DIAG,W/SYNOVIAL BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29901	PR ARTHROS MCP JNT,SURG,W/DEBRIDEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29902	PR ARTHROS MCP JNT,SURG,W/REDUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
29904	PR ARTHROSCOPY SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29905	PR ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29906	PR ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29907	PR ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29914	PR ARTHROSCOPY HIP W/FEMOROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29915	PR ARTHROSCOPY HIP W/ACETABULOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29916	PR ARTHROSCOPY HIP W/LABRAL REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
29999	PR UNLISTED PROC, ARTHROSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30000	PR DRAIN ABSCESS/HEMATOMA,NASAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30020	PR DRAIN ABSCESS/HEMATOMA,NASAL SEPTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30100	PR INTRANASAL BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
30110	PR EXCISION NOSE POLYP (S),SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30115	PR EXCISION NOSE POLYP (S),EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30117	PR EXCIS/DEST INTRANAS LESION; INT APP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30118	PR EXCIS/DEST INTRANAS LESION; EXT APP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30120	PR EXCISION SKIN OF NOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30124	PR EXCIS NASAL DERMOID,SIMPLE,SUBCUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30125	PR EXCIS NASAL DERMOID,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30130	PR EXCISION TURBINATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30140	PR EXCISION TURBINATE,SUBMUCOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30150	PR PARTIAL EXCISION OF NOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30160	PR EXCISION OF NOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30200	PR INJECTION INTO TURBINATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30210	PR NASAL SINUS THERAPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30220	PR INSERT NASAL SEPTAL PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30300	PR REMOVE NASAL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30310	PR REMV NASAL FOR BODY,GEN ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30320	PR REMV NASAL FOR BODY,LAT RHINOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30400	PR RECONSTR NOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30410	PR RECONSTR NOSE,COMPLETE+EXTERNAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30420	PR RECONSTR NOSE+MAJ SEPTAL REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30430	PR REVIS NOSE,SECONDARY,MINOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30435	PR REVIS NOSE,SECONDARY,INTERMEDIATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30450	PR REVIS NOSE,SECONDARY,MAJOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30460	PR REVIS NOSE/CLEFT LIP/TIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
30462	PR REVIS NOSE/CLEFT LIP/TIP,SEPTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
30465	PR REPAIR NASAL CAVITY STENOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30468	PR RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30469	PR REPAIR OF NASAL VALVE COLLAPSE WITH LOW ENERGY, TEMPERATURE -CONTROLLED (IE, RADIOFREQUENCY) SUBCUTANEOUS/SUBMUCOSAL REMODELING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30520	PR REPAIR OF NASAL SEPTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30520	PR REPAIR OF NASAL SEPTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30540	PR REPAIR CHOANAL ATRESIA,INTRANASAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30545	PR REPAIR CHOANAL ATRESIA,TRANSPALATIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30560	PR RELEASE OF NASAL ADHESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30580	PR REPAIR ORO-MAXILLARY FISTULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30600	PR REPAIR ORO-NASAL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30620	PR INTRANASAL RECONSTRUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
30630	PR REPAIR NASAL SEPTUM PERFORATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
3072F	LOW RISK FOR RETINOPATHY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
30801	PR CAUTER TURBINATE MUCOSA,SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30802	PR CAUTER TURBINATE MUCOSA,INTRA MURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30901	PR CTRL NOSEBLEED,A NTER,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30903	PR CTRL NOSEBLEED,A NTER,COMPLE X	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30905	PR CTRL NOSEBLEED,P OST,W/PACKS &/OR CAUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30906	PR REPEAT CONTROL OF NOSEBLEED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
30915	PR LIGATE ETHMOID ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
30920	PR LIGATE INTERN MAXILL ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30930	PR THERAPUTIC FRACTURE INFER TURBINATE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
30930	PR THERAPUTIC FRACTURE INFER TURBINATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
30999	PR NASAL SURGERY PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31000	PR IRRIGATION MAXILLARY SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31002	PR IRRIGATION SPHENOID SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31020	PR EXPLOR MAXILL SINUS,INTRANASAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31030	PR EXPLOR MAXILL SINUS,RADICAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31032	PR EXPLOR MAXILL SINUS,RMV POLYPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31040	PR EXPLOR PTERYGOMAXILL FOSSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31050	PR EXPLOR SPHENOID SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31051	PR EXPLOR SPHENOID SINUS+RMV POLYPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31070	PR EXPLOR FRONT SINUS,EXTERN, SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31075	PR EXPLOR FRONT SINUS,TRANSO RBIT,UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31080	PR OBLITER FRONT SINUS,BROW INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31081	PR OBLITER FRONT SINUS,CORON INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31084	PR OBLITER FRONT SINUS +FLAP,BROW INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31085	PR OBLITER FRONT SINUS +FLAP,CORON INCI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31086	PR NONOBLIT FRONT SINUS +FLAP,BROW INCI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31087	PR NONOBLIT FRONT SINUS +FLAP,CORON INC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31090	PR EXPLORE 3+ SINUSES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31200	PR REMOV ETHMOID SINUS,INTRANASAL,ANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
31201	PR REMOV ETHMOID SINUS,INTRANASAL,TOTL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31205	PR REMOV ETHMOID SINUS,EXTRAN ASAL,TOTL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31225	PR REMV UPPER JAW-MAXILLECTOM Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31230	PR REMV UPPER JAW +ORBIT EXENTERATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31231	PR NASAL ENDOSCOPY,D X	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31233	PR NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31235	PR NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31237	PR NASAL SCOPE,BX/RMV POLYP/DEBRID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31238	PR NASAL/SINUS SCOPY,W/CON TROL NASAL HEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31239	PR NASAL/SINUS SCOPY,SURG TEAR DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31240	PR NASAL/SINUS SCOPY,RMV CONCHA BULL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31241	PR NASAL/SINUS NDSC W/LIG SPHENOPALATINE ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31242	DESTRUCTION OF NASAL NERVE BY HEAT USING AN ENDOSCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31243	DESTRUCTION OF NASAL NERVE BY FREEZING USING AN ENDOSCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31253	PR NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31254	PR NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31255	PR NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31256	PR NASAL SCOPY,OPEN MAXILL SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31257	PR NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31259	PR NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31267	PR NASAL SCOPY,RMV TISS MAXILL SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31276	PR NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31287	PR NASAL SCOPY,SPHENOIDOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31288	PR NASAL SCOPY,REMV TISS SPHENOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31290	PR NASAL SCOPY,REPAIR CSF LEAK,ETHMOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31291	PR NASAL SCOPY,REPR CSF LEAK,SPHENOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31292	PR NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31293	PR NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31294	PR NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31295	PR NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31296	PR NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31297	PR NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
31298	PR NASAL/SINUS NDSC SURG W/DILATION FRNT&SPHN SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31299	PR SINUS SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31300	PR REMOVAL OF LARYNX LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31360	PR REMOVAL OF LARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31365	PR REMOVAL OF LARYNX +RAD TOTL NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31367	PR PART SUPRAGLOT REMV LARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31368	PR PART SUPRAGLOT REMV LARYNX +RAD NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31370	PR PART REMV LARYNX,HORIZ ONTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31375	PR PART REMV LARYNX,LATER OVERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31380	PR PART REMV LARYNX,ANTER OVERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31382	PR PART REMV LARYNX,ANTER -LAT-VERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31390	PR REMV LARYNX & PHARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31395	PR REMV LARYNX +PHARYNX W RECONSTRUC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31400	PR REVISION ARYTENOIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31420	PR REMOVAL OF EPIGLOTTIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31500	PR INSERT EMERGENCY ENDOTRACH AIRWAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31502	PR TRACH TUBE CHANGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31505	PR LARYNGOSCOPY,INDIRECT,DX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31510	PR LARYNGOSCOPY,INDIRECT WITH BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31511	PR LARYNGOSCOPY,INDIRECT +REMV FOR.BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31511	PR LARYNGOSCOPY,INDIRECT +REMV FOR.BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31512	PR LARYNGOSCOPY,INDIRECT +REMV LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31513	PR LARYNGOSCOPY,INDIRECT +INJECT CORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31515	PR LARYNGOSCOPY,DIRECT FOR ASPIRATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31520	PR LARYNGOSCOPY,DIRECT,DIAGNOS,NEWBRN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31525	PR LARYNGOSCOPY,DIRECT,DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31526	PR LARYNGOSCOPY,DIRECT,DX,OP MICROSCOP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31527	PR LARYNGOSCOPY,DIRECT,INSRT OBTURATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31528	PR LARYNGOSCOPY DIRECT,W/DILAT, INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31529	PR LARYNGOSCOPY DIRECT,W/DILAT, SUBSEQUENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31530	PR LARYNGOSCOPY,DIRCT,OP,F.B. REMVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31531	PR LARYNGOSCOPY,DIRCT,OP SCOPE,FB REMV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31535	PR LARYNGOSCOPY,DIRCT,OP,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31536	PR LARYNGOSCOPY,DIRCT,OP SCOPE,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31540	PR LARYNGOSCOPY,DIRCT,OP,EXC TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31541	PR LARYNGOSCOPY,DIRCT,OP SCOP,EXC TUMR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31545	PR LARYNGOSCOPY,DIR,OP,EXC TUMR,LCL FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31546	PR LARYNGOSCOPY,DIR,OP,EXC TUMR,AUTGRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31551	PR LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31552	PR LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31553	PR LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31554	PR LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31560	PR LARYNGOSCOPY,DIRCT,OP,REMV ARYTENOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31561	PR LARYNGOSCOPY,DIRCT,OP SCOP,REMV ARY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31570	PR LARYNGOSCOPY,DIRCT,INJ VOCAL CORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31571	PR LARYNGOSCOPY,DIRECT,SCOPE,INJ CORDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31572	PR LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31573	PR LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31574	PR LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31575	PR LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31576	PR LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31577	PR LARYNGOSCOPY FLX RMVL FOREIGN BODY (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31578	PR LARYNGOSCOPY FLEXIBLE RMVL LESION (S) NON-LASER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31579	PR LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
31580	PR LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31584	PR LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31587	PR LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31590	PR REINNERVATE LARYNX W PEDICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31591	PR LARYNGOPLASTY MEDIALIZATION UNLIATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31592	PR CRICOTRACHEAL RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31599	PR LARYNX SURG PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31600	PR TRACHEOSTOMY, PLANNED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31601	TRACHEOSTOMY, <2 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31603	PR TRACHEOSTOMY,EMERG,XTRACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31605	PR TRACHEOSTOMY,EMERG,CRICOTHYROID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31610	PR TRACHEOSTOMY,FENESTRATN +FLAPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31611	PR CREATE T-E FISTULA +SPEECH PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31612	PR PERCUT TRACH PUNCT/ASPIRATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31613	PR TRACH REVISION,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31614	PR TRACH REVISION,COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31615	PR TRACHEOBRNCHSC THRU EST TRACHS INC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31622	PR BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
31623	PR BRNCHSC BRUSHING/PROTECTED BRUSHINGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
31624	PR BRNCHSC W/BRNCL ALVEOLAR LAVAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31625	PR BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31626	PR BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31627	PR BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31628	PR BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31629	PR BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31630	PR BRONCHOSCOPY,TRACH/BRONCH DILATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31631	PR BRONCHOSCOPY,TRACH DIL +STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31632	PR BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31633	PR BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31634	PR BRONCHOSCOPY BALLOON OCCLUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31635	PR BRONCHOSCOPY W/REMOVAL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31636	PR BRONCHOSCOPY, BRONCH STENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31637	PR BRONCHOSCOPY, STENT ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31638	PR BRONCHOSCOPY, REVISE STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31640	PR BRONCHOSCOPY,EXCIS LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31641	PR BRONCHOSCOPY,RX STENOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31643	PR BRONCHOSCOPY,RX W PLACE CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31645	PR BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31646	PR BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31647	PR BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31648	PR BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31649	PR BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31651	PR BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31652	PR BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31653	PR BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31654	PR BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31660	PR BRONCHOSCO PIC THERMOPLAST Y ONE LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31661	PR BRONCHOSCO PIC THERMOPLAST Y 2/> LOBES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31717	PR CATH W BRONCHIAL BRUSH BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31720	PR CATHETER ASPIRATN,NAS OTRACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31725	PR CATH ASPIR TRACHEOBRNC L FIBERSCOPE BEDSIDE SPX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31730	PR INTRO WINDPIPE WIRE/TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31750	PR REVISN TRACHEA,CER VICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31755	PR REVISN TRACHEA,TRAC HPHARYN FIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31760	PR REVISN TRACHEA,INTRATHROACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31766	PR CARINAL RECONSTRUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31770	PR REPAIR/GRAFT OF BRONCHUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31775	PR EXCIS BRONCH STENOSIS/RECONST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31780	PR EXCIS TRACH STEN/RECONST,CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31781	PR EXCIS TRACH STEN/RECONST,CERVTHOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31785	PR EXCIS TRACH LESN,CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31786	PR EXCIS TRACH LESN,THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31800	PR REPAIR TRACH WOUND/INJ,CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31805	PR REPAIR TRACH WOUND/INJ,INTRATHORACI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
31820	PR SURG CLOSURE TRACH/FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31825	PR SURG CLOSURE TRACH/FIST,PLAST REPR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31830	PR REVISE TRACHEOSTOMY SCAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
31899	PR AIRWAYS SURGICAL PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32035	PR THORACOSTOMY,RIB RESECT,EMPYEMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32036	PR THORACOSTOMY,OPEN DRAIN/EMPYEMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32096	PR THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32097	PR THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32098	PR THORACOTOMY W/BIOPSY OF PLEURA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32100	PR THORACOTOMY WITH EXPLORATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32110	PR THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32120	PR THORACOTOMY POSTOPERATIVE COMPLICATIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32124	PR THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32140	PR THORCOM W/REMOVAL OF CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32141	PR THORACOTOMY W/RESECTION BULLAE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32150	PR THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32151	PR THORCOM W/RMVL IPUL FB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32160	PR THORACOTOMY W/CARDIAC MASSAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32200	PR PNEUMONOSTOMY,OPEN DRAIN ABSC/CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32215	PR PLEURAL SCARIFICATN FOR MULT PTX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32220	PR DECORTICATION,PULMONARY, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32225	PR DECORTICATION,PULMONARY, PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32310	PR REMOVAL PARIETAL PLEURA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32320	PR DECORTICATE/ REMV PARIETAL PLEURA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32400	PR NEEDLE BIOPSY PLEURA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32408	PR CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32440	PR REMOVAL OF LUNG PNEUMONECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32442	PR REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32445	PR REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32480	PR RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32482	PR RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32484	PR RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32486	PR RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32488	PR RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32491	PR RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32501	PR REPAIR BRONCHUS (ADD-ON)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32503	PR RESECT APICAL LUNG TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32504	PR RESECT APICAL LUNG TUM/ CHEST WALL RECONST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32505	PR THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32506	PR THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32507	PR THORACOTOMY W/DX WEDGE RESEXN &ANTOM LUNG RESEXN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32540	PR EXTRAPLEURAL REMV EMPYEMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32550	PR INSERTION INDWELLING TUNNELED PLEURAL CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32551	PR TUBE THORACOSTOMY INCLUDES WATER SEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32552	PR RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32553	PR PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32554	PR THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32555	PR THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32556	PR PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32557	PR PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32560	PR CHEMICAL PLEURODESIS FOR PERSISTENT PNEUMOTHORAX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32561	PR INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32562	PR INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32601	PR THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32604	PR THORACOSCOPY,DX PERICARD W BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32606	PR THORACOSCOPY,DX MEDIAST W BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32607	PR THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32608	PR THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32609	PR THORACOSCOPY WITH BIOPSYIES OF PLEURA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32650	PR THORACOSCOPY SURG W/PLEURODESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32651	PR THORACOSCOPY SURG PART PULM DECORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32652	PR THORACOSCOPY SURG TOT PULM DECORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32653	PR THORACOSCOPY SURG REMOV FB INTRAPLEU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32654	PR THORACOSCOPY SURG CTRL TRAUMA BLEED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32655	PR THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32656	PR THORACOSCOPY SURG PART PLEURECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32658	PR THORACOSCOPY SURG EXC FB/CLOT PERICA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32659	PR THORACOSCOPY SURG PERICARD WINDOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32661	PR THORACOSCOPY SURG EXC PERICARD MASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32662	PR THORACOSCOPY SURG EXC MEDIAST MASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32663	PR THORACOSCOPY W/LOBECTOMY SINGLE LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32664	PR THORACOSCOPY SURG THOR SYMPATHECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32665	PR THORACOSCOPY SURG ESOPHAGOMYOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32666	PR THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32667	PR THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32668	PR THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32669	PR THORACOSCOPY W/SEGMENTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32670	PR THORACOSCOPY W/BILOBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32671	PR THORACOSCOPY W/PNEUMONECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32672	PR THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32673	PR THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32674	PR THORCOSCPY W/MEDIASTINL &REGIONL LYMPHADENECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32701	PR THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32800	PR REPAIR LUNG HERNIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32810	PR CLOSE CHEST AFTER DRAINAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32815	PR CLOSE BRONCHIAL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32820	PR RECONSTRUCT INJURED CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32851	PR LUNG TRANSPLANT,SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32852	PR LUNG TRANSPLANT,SINGL W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32853	PR LUNG TRANSPLANT,DOUBLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32854	PR LUNG TRANSPLANT,DBL W CP BYPASS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
32855	PR TRANSPLANT,PREP DONOR LUNG, SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32856	PR TRANSPLANT,PREP DONOR LUNG, DOUBLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32900	PR REMOVAL OF RIB(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32905	PR THORACOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32906	PR THORACOPLASTY,CLOSE BP FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32940	PR REVISION OF LUNG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32960	PR THERAPEUTIC PNEUMOTHORAX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
32997	PR LAVAGE LUNG,TOTAL,UNILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
32999	PR CHEST SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33016	PR PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33017	PR PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33018	PR PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33019	PR PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33020	PR INCIS HEART SAC REMV CLOT/FB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33025	PR INCIS HEART SAC WINDW FOR DRAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33030	PR REMOV HEART SAC NO CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33031	PR REMOV HEART SAC W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33050	PR RESECTION PERICARDIAL CYST/TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33120	PR REMOVAL HEART LESION INTERN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33130	PR REMOVAL HEART LESION EXTERN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33140	PR TMR,REVASCULARIZE HEART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33141	PR TMR W/OTHER OPEN CARDIAC SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33202	PR INSERT EPICARDIAL ELECTRODE, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33203	PR INSERT EPICARDIAL ELECTRODE, ENDOSCOPIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33206	PR INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33207	PR INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33208	PR INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33210	PR INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33211	PR INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33212	PR INS PM PLS GEN W/EXIST SINGLE LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33213	PR INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33214	PR UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33215	PR RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33216	PR INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IM PLTBL DFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33217	PR INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IM PLTBL DFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33218	PR RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33220	PR RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTAB LE DFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33221	PR INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33222	PR RELOCATION OF SKIN POCKET FOR PACEMAKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33223	PR RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATO R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33224	PR INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33225	PR INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33226	PR RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33227	PR REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33228	PR REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33229	PR REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33230	PR INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33231	PR INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33233	PR REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33234	PR RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33235	PR RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33236	PR REMV EPICARD SYST ONE LD/THORACOT MY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33237	PR REMV EPICARD SYST TWO LD/THORACOT MY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33238	PR REMV PERM XVEN ELECTRD/THO RACOTMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33240	PR INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33241	PR REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33243	PR RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33244	PR RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33249	PR INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33250	PR ABLATION SUPRAVENT ARRHYTHMOG ENIC FOCUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33251	PR ABLAT HRT DYSRHYTHM FOCUS W BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33254	PR ABLATE/ RECONSTUCT ATRIA, LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33255	PR ABLATE/ RECONSTUCT ATRIA, EXTENS, W/O BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33256	PR ABLATE/ RECONSTUCT ATRIA, EXTENS, W/ BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33257	PR ABLATE/ RECONSTUCT ATRIA, W OTHER PROCED LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33258	PR ABLATE/ RECONSTUCT ATRIA, W OTHER PROCED EXTENS W/O BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33259	PR ABLATE/ RECONSTUCT ATRIA, W OTHER PROCED EXTENS W/ BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33261	PR ABLAT VENTR DYSRHYTHM FOCUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33262	PR RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33263	PR RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33264	PR RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33265	PR ENDO ABLATE/ RECONSTUCT ATRIA, LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33266	PR ENDO ABLATE/ RECONSTUCT ATRIA, EXTENS, W/O BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33270	PR INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33271	PR INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33272	PR RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33273	PR REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33274	PR TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33276	INSERTION OF PHRENIC NERVE STIMULATOR GENERATOR AND STIMULATING LEAD(S)	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33276	INSERTION OF PHRENIC NERVE STIMULATOR GENERATOR AND STIMULATING LEAD(S)	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33277	INSERTION OF PHRENIC NERVE STIMULATOR SENSING LEAD	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33277	INSERTION OF PHRENIC NERVE STIMULATOR SENSING LEAD	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33278	REMOVAL OF PHRENIC NERVE STIMULATOR GENERATOR AND LEAD(S)	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33278	REMOVAL OF PHRENIC NERVE STIMULATOR GENERATOR AND LEAD(S)	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33279	REMOVAL OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEAD(S)	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33279	REMOVAL OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEAD(S)	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33280	REMOVAL OF PHRENIC NERVE STIMULATOR PULSE GENERATOR	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33280	REMOVAL OF PHRENIC NERVE STIMULATOR PULSE GENERATOR	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33281	REPOSITIONING OF PHRENIC NERVE STIMULATOR LEAD(S)	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33281	REPOSITIONING OF PHRENIC NERVE STIMULATOR LEAD(S)	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33285	PR INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33286	PR REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33287	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR PULSE GENERATOR	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33287	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR PULSE GENERATOR	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33288	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEADS	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33288	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR STIMULATION OR SENSING LEADS	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
33300	PR REPAIR HEART WOUND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33305	PR REPAIR HEART WND W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33310	PR EXPLOR HEART SURG WOUND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33315	PR EXPLOR HEART SURG WND W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33320	PR REPR AO/GRT VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33321	PR REPR AO/GRT VESSEL W SHNT BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33322	PR REPR AO/GRT VESSEL W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33330	PR INSERT AO/GRT VESS GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33335	PR INSERT AO/GRT VESS GRFT CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33340	PR PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33361	PR REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33362	PR REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33363	PR REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33364	PR REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33365	PR REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33366	PR TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33367	PR REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33368	PR REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33369	PR REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33370	PR TRANSCATHETER PLACEMENT&SBSQ REMOVAL CEPD PERQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33390	PR VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33391	PR VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33404	PR PREPARE HEART-AORTA CONDUIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33405	PR RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33406	PR RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33410	PR RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33411	PR REPLACE AORT VALV W ANNULUS ENLRGEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33412	PR REPLAC AO VALV XVENT AO ANNUL ENLG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33413	PR REPL AORT VALVE,TRANSL OC AUTOL PULM VALV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33414	PR REPAIR LV OUTFLOW OBSTR PATCH ENLG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33415	PR REVIS SUBVALV TIS SVAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33416	PR REVIS VENT MUSC FOR IHSS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33417	PR AORTOPLAS FOR SUPRAVALV STEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33420	PR VALVOTOMY MITRAL CLOSED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33422	PR VALVOTOMY MITRAL OPEN W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33425	PR MITRALPLASTY W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33426	PR MITRALPLASTY W PROSTHETIC RING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33427	PR MITRALPLASTY W RADICAL RECONSTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33430	PR REPLACEMENT OF MITRAL VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33440	PR RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33460	PR VALVECTOMY TRICUSPID W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33463	PR VALVULOPLAS TRICUS NO RING INSERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33464	PR VALVULOPLAS TRICUS W RING INSERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33465	PR REPLACE TRICUSPID W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33468	PR REVISION OF TRICUSPID VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33474	PR PULM VALVOTOMY W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33475	PR REPLACEMENT , PULMONARY VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33476	PR RV RESEC INFUND STEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33477	PR TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33478	PR RV OUTFLOW TRACT AUGMENTATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33496	PR REPAIR,PROST H VALV DYSFUNC W BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33500	PR REPAIR CORONARY FISTULA W BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33501	PR REPAIR CORONARY FISTULA NO BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33502	PR REPR ANOMAL CORON ART PA ORIGIN BY LIGATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33503	PR REPR ANOMAL CORON ART PA ORIGIN BY GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33504	PR REPR ANOMAL COR ART PA ORIGIN BY GRFT W PASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33505	PR REPR ANOMAL COR PA ORIGIN ART W/TUNNEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33506	PR REPR ANOMAL COR ART PA ORIGIN TRANSLOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33507	PR REPR INTRAMURAL COR ART TRANSLOC/ UNROOF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33508	PR ENDOSCOPY W/VIDEO-ASST VEIN HARVEST,CAB G	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33509	PR ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33510	PR CABG, VEIN, SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33511	PR CABG, VEIN, TWO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33512	PR CABG, VEIN, THREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33513	PR CABG, VEIN, FOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33514	PR CABG, VEIN, FIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33516	PR CABG, VEIN, SIX+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33517	PR CABG, ARTERY-VEIN, SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33518	PR CABG, ARTERY-VEIN, TWO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33519	PR CABG, ARTERY-VEIN, THREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33521	PR CABG, ARTERY-VEIN, FOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33522	PR CABG, ARTERY-VEIN, FIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33523	PR CABG, ARTERY-VEIN, SIX+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33530	CABG, REOPERATE >1 MON ORIG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33533	PR CABG, ARTERIAL, SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33534	PR CABG, ARTERIAL, TWO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33535	PR CABG, ARTERIAL, THREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33536	PR CABG, ARTERIAL, FOUR+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33542	PR MYOCARD RESECTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33545	PR REPR POST MI SEPTAL DFCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33548	PR RESTORE/REMODEL VENTRICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33572	PR OPEN CORONARY ENDARTERECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33600	PR CLOSURE OF AV VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33602	PR CLOSURE OF SEMILUNAR VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33606	PR ANAST PULM ARTERY TO AORTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33608	PR REPAIR ANOMALY W/CONDUIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33610	PR REPAIR BY SURG ENLARGEMENT ,VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33611	PR REPR DOUB VENT W IV TUNNEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33612	PR REPR DOUB VENT W RPR RV OUTFLOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33615	PR REPR (SIMPLE FONTAN)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33617	PR REPR BY MODIFIED FONTAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33619	PR REPR HYPOPLAS LT HEART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33620	PR APPLICATION RIGHT & LEFT PULMONARY ARTERY BANDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33621	PR TRANSTHORACIC CATHETER INSERT FOR STENT PLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33622	PR RECONSTRUCTION COMPLEX CARDIAC ANOMALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33641	PR REPR ASD W BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33645	PR REPR/CLOS SINUS VENOSUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33647	PR REPR ASD & VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33660	PR REPR ASD OSTIUM PREMUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33665	PR REPR INTERMED AV CANAL DEFECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33670	PR REPR COMPL AV CANAL DEFECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33675	PR CLOSE MULTIPLE VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33676	PR CLOSE MULTIPLE VSD, WITH RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33677	PR CLOSE MULTIPLE VSD, REMOVE PA BAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33681	PR CLOSE SINGLE VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33684	PR CLOSE SINGLE VSD, WITH RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33688	PR CLOSE SINGLE VSD, REMOVE PA BAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33690	PR BANDING PULM ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33692	PR REPR TET FALLOT WO PULM ARTRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33694	PR REPR TET FALLOT X-ANNULAR PTCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33697	PR REPR TET FALLOT W PULM ATRESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33702	PR REPR VALSALVA FIST W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33710	PR REPR VALSALVA FISTULA & VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33720	PR REPR VALSALVA ANEURYSM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33724	PR REPAIR PULMONARY VENOUS ANOMALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33726	PR REPAIR PULMONARY VENOUS STENOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33730	PR REPRAIR ANOMAL PULMONARY VENOUS RETURN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33732	PR REPR COR TRIAT/SUPRAV ALV MITR RING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33735	PR ATR SEPTEC/SEPTO STOMY CLOSED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33736	PR ATR SEPTEC/SEPTO STOMY OPEN W BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33741	PR TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
33745	PR TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
33746	PR TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
33750	PR SHUNT SUBCL TO PULM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33755	PR SHUNT ASC AORTA TO PUL ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33762	PR SHUNT DESC AORTA TO PULM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33764	PR SHUNT CENTRAL W PROSTH GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33766	PR SHUNT SVC TO PA, ONE LUNG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33767	PR SHUNT SVC TO PA, BOTH LUNGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33768	PR ANAST SECONDARY SVC TO PA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33770	PR REPR XPOSTN GRT ART W VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33771	PR REPR XPOSTN GRT VES W ENLARGMT VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33774	PR REPR XPOSTN GRT VES, ART BAFFLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33775	PR REPR XPOSTN GRT VES,REMVL PULM BAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33776	PR REPR XPOSTN GRT VES,CLOS VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33777	PR REPR XPOSTN GRT VES,RPR SUBPUL OBST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33778	PR REPR XPOSTN GRT VES,AO-PUL ART RECON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33779	PR REPR XPTN GR VES,AP ART REM PUL BND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33780	PR REPR XPTN GR VES,AP ART W CLOS VSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33781	PR REPR XPTN GR VES,AP ART W RPR PUL OB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33782	PR A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33783	PR A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33786	PR REPAIR TRUNCUS ARTERIOSUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33788	PR REIMPLNT ANOMAL PULM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33800	PR AORTIC SUSPENSN FOR TRACH DECOMPRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33802	PR DIVISN ABERRANT VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33803	PR DIVISN ABER VESS W REANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33814	PR OBLIT AO-PUL SEPTAL DFCT W CP BYPAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33820	PR REPR PDA BY LIGATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33822	REPR PDA BY DIVISION <18 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33824	PR REPR PDA BY DIVISION 18 OR >18 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33840	PR EXCISN COARCT AORTA DRCT ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33845	PR EXCISN COARCT AORTA W GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33851	PR EXC COARCT AORTA W L SUBCL OR PROST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33852	PR REPR HYPOPLASTIC AORTIC ARCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33853	PR REPR HYPOPLASTIC ARCH W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33858	PR AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33859	PR AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33863	PR ASCEND AORTA GRAFT W ROOT REPLACMENT. VALVE CONDUIT/COR ON RECONSTRUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33864	PR ASCEND AORTA GRAFT W VALVE SPARING ANNULUS REMODEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33866	PR AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33871	PR TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33875	PR THORACIC AORTA GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33877	PR REPR THORACOABDOM AA W GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33880	PR ENDOVASC TAA REPR INCL SUBCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33881	PR ENDOVASC TAA REPR W/O SUBCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33883	PR INSERT ENDOVASC PROSTH, TAA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33884	PR ENDOVASC PROSTH, TAA, EA ADD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33886	PR ENDOVASC DIST EXTENS TAA PROSTH, DELAYED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33889	PR SUBCLAV TRANSPOS W/ ENDOVAS TAA REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33891	PR CAR-CAR BYPASS GRFT W/ ENDOVAS TAA REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33894	PR EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33895	PR EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33897	PR PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
33900	PR PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT, INITIAL; NORMAL NATIVE CONNECTIONS, UNILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33901	PR PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT, INITIAL; NORMAL NATIVE CONNECTIONS, BILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33902	PR PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT, INITIAL; ABNORMAL CONNECTIONS, UNILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33903	PR PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT, INITIAL; ABNORMAL CONNECTIONS, BILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33904	PR PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT, EA ADDTL VESSEL OR SEPARATE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33910	PR REMOVE PUL ART EMBOLI W CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33915	PR REMOVE PUL ART EMBOLI NO BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33916	PR PULM ENDARTERECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33917	PR REPAIR PULMONARY ART STEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33920	PR REPAIR PULM ART ATRESIA,COND UIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33922	PR TRANSECT PULMONARY ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33924	PR REMV SYS-PULM SHUNT W CONG HRT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33925	PR REPAIR PUL ART UNIFOCAL ARBOR W/O CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33926	PR REPAIR PUL ART UNIFOCAL ARBOR W/ CP BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33933	PR TRANSPLANT,PREP DONOR HEART/LUNG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33935	PR TRANSPLANTATION, HEART/LUNG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33944	PR TRANSPLANT,PREP DONOR HEART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33945	PR TRANSPLANTATION OF HEART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33946	PR ECMO/ECLS INITIATION VENO-VENOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33947	PR ECMO/ECLS INITIATION VENO-ARTERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33948	PR ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33949	PR ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33951	PR ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33952	PR ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33953	PR ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33954	PR ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33955	PR ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33956	PR ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33957	PR ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33958	PR ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33959	PR ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33962	PR ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33963	PR ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33964	PR ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33965	PR ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33966	PR ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33967	PR INSERT INTRA-AORTIC BALLOON ASST DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33968	PR RMV AORTIC BALLOON DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33969	PR ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33970	PR INSRT AORT BALLOON ASSIST FEM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33971	PR REMV AORTIC BALLOON ASSIST FEM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33973	PR INSRT AORTIC BALLOON THRU ASC AORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33974	PR REMV AORTIC BALLOON FROM ASC AORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33975	PR INSERT VENT ASST DEVICE,SINGLE VENTRICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33976	PR INSERT VENT ASST DEVICE,BIVENT RICULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33977	PR REMOVE VENT ASST DEVICE,SINGLE VENTRICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33978	PR REMOVE VENT ASST DEVICE,BIVENT RICULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33979	PR INSERT VENT ASST DEV,IMPLANT,S INGLE VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33980	PR REMOVE VENT ASST DEV,IMPLANT,S INGLE VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33981	PR RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33982	PR PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33983	PR RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33984	PR ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33985	PR ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33986	PR ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33987	PR ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33988	PR INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33989	PR RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33990	PR INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
33991	PR INSJ PERQ VAD W/RS&I L HRT ARTERIAL&VEN ACCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33992	PR REMOVAL PERQ LEFT HRT VAD ARTL/ARTL&VEN SEP INSJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33993	PR REPOSITIONING PERQ R/L VAD W/IMG GDN SEP INSJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
33995	PR INSJ PERQ VAD W/RS&I R HEART VENOUS ACCESS ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
33997	PR REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
33999	PR CARDIAC SURG PROCEDURE UNLIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34001	PR REMV ART CLOT,NECK INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34051	PR REMV ART CLOT,CHST INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34101	PR REMV ART CLOT AXILL-BRACH,ARM INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
34111	PR REMV ART CLOT ARM,ARM INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34151	PR REMV ART CLOT VISC,ABD INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34201	PR REMV ART CLOT ILIAC-POP,LEG INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34203	PR REMV ART CLOT LOW LEG,LEG INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34401	PR REMV VEIN CLOT CAVA-ILIAC,ABD INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34421	PR REMV VEIN CLOT CAVA-ILIAC,LEG INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34451	PR REMV VEIN CLOT CAVA-POP,LEG INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34471	PR REMV VEIN CLOT SUBCLAV,NECK INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34490	PR REMV VEIN CLOT AXILL-SUBCL,ARM INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34501	PR REPAIR VALVE, FEMORAL VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
34502	PR RECONSTRUCT , VENA CAVA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34510	PR TRANSPOSITIO N OF VEIN VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34520	PR CROSS-OVER VEIN GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34530	PR SAPHENOPOP VEIN ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34701	PR EVASC RPR DPLMNT AORTO-AORTIC NDGFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34702	PR EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34703	PR EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34704	PR EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34705	PR EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34706	PR EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
34707	PR EVASC RPR DPLMNT ILIO-ILIAC NDGFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34708	PR EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34709	PR PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34710	PR DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34711	PR DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34712	PR TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34713	PR PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34714	PR OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
34715	PR OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34716	PR OPN AXILLARY/SUB CLAVIAN ART EXPOS W/CNDT CRTJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34717	PR EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34718	PR EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34808	PR AAA REPAIR,ILIAC ARTERY OCCLSN DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34812	PR OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34813	PR AAA REPAIR, FEMORAL-FEMORAL GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34820	PR OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34830	PR AAA +TRAUMA REPR,OPEN,TUBE PROSTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
34831	PR AAA +TRAUMA REPR, AORTO-BI-ILIAC PROS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34832	PR AAA +TRAUMA REPR, AORTO-BIFEM PROS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34833	PR OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34834	PR OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34839	PR PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34841	PR ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34842	PR ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34843	PR ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34844	PR ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
34845	PR VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34846	PR VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34847	PR VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
34848	PR VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35001	PR REPR ANEURYSM/GRFT INS,CAROTID/SUBCLAV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35002	PR REPR ART RUPTURE NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35005	PR REPR ANEURYSM/GRFT INS,VERTEBRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35011	PR REPR DFCT ART AXILLO-BRACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35013	PR REPR ART RUPTURE,AXIL LO-BRACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35021	PR REPR ANEURYSM/GR FT INS,INNOM/SUB CLAV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35022	PR REPR ART RUPTURE,SUB CLAV/INNOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35045	PR REPR ANEURYSM/GR FT INS,RADIAL/UL NAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35081	PR REPR ANEURYSM/GR FT INS,ABDOMINA L AORTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35082	PR REPR ART RUPTURE, ABD AORTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35091	PR REPR ANEURYSM/GR FT INS,ABD AORT W/VISCER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35092	PR REPR ART RUPTURE,AOR TA/VISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35102	PR REPR ANEURYSM/GR FT INS,ABD AORT W/ILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35103	PR REPR ART RUPTURE,AORTOILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35111	PR REPR ANEURYSM/GRFT INS,ANEURYSM SPLENIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35112	PR REPR ART RUPTURE,SPLENIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35121	PR REPR ANEUR/GRFT INS,HEP/CEL/REN/MESENTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35122	PR REPR ART RUPTURE,VISCERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35131	PR REPR ANEURYSM/GRFT INS,ILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35132	PR REPR ART RUPTURE,ILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35141	PR REPR ANEURYSM/GRFT INS,COMMON FEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35142	PR REPR ART RUPTURE,FEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35151	PR REPR ANEURYSM/GRFT INS,POPLITEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35152	PR REPR ART RUPTURE,POP LIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35180	PR REPR CONG AV FIST,HEAD/NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35182	PR REPR CONG AV FIST,CHEST/ABD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35184	PR REPR CONG AV FIST,EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35188	PR REPR ACQ AV FIST,HEAD/NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35189	PR REPR ACQ AV FIST,CHEST/ABD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35190	PR REPR ACQ AV FIST,EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35201	PR REPR BL VES DIRECT,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35206	PR REPR BL VES DIRECT,UP EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35207	PR REPR BL VES DIRECT,HAND/FINGR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35211	PR REPR BL VES DIRECT,CHEST W BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35216	PR REPR BL VES DIRECT,CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35221	PR REPR BL VES DIRECT,ABD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35226	PR REPR BL VES DIRECT,LOW EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35231	PR REPR BL VES VEIN GRFT,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35236	PR REPR BL VES VEIN GRFT,UP EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35241	PR REPR BL VES VEIN GRFT,CHEST/W BYPAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35246	PR REPR BL VES VEIN GRFT,CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35251	PR REPR BL VES VEIN GRFT,ABD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35256	PR REPR BL VES VEIN GRFT,LOW EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35261	PR REPR BL VES GRAFT,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35266	PR REPR BL VES GRAFT,UP EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35271	PR REPR BL VES GRAFT,CHEST W BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35276	PR REPR BL VES GRAFT,CHEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35281	PR REPR BL VES GRAFT,ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35286	PR REPR BL VES GRAFT,LOW EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35301	PR THROMBOENDARTECTMY NECK,NECK INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35302	PR THROMBOENDARTECTMY SUPERFICIAL FEM ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35303	PR THROMBOENDARTECTMY POPLITEAL ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35304	PR THROMBOEND ARTECTMY TIBIOPERONEAL TRUNK ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35305	PR THROMBOEND ARTECTMY TIBIAL/ PERON ARTERY, INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35306	PR THROMBOEND ARTECTMY TIBIAL/ PERON ARTERY, ADD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35311	PR THROMBOEND ARTECTMY SUBCLAV,CHST INC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35321	PR THROMBOEND ARTECTMY AXILLARY-BRACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35331	PR THROMBOEND ARTECTMY ABD AORTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35341	PR THROMBOEND ARTECTMY VISCERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35351	PR THROMBOEND ARTECTMY ILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35355	PR THROMBOEND ARTECTMY ILIOFEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35361	PR THROMBOEND ARTECTMY AORTOILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35363	PR THROMBOEND ARTECTMY AORTOILIOFEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35371	PR THROMBOEND ARTECTMY FEMORAL COMMON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35372	PR THROMBOEND ARTECTMY FEMORAL DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35390	PR REOPER, CAROTID ENDARTEC>1 MON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35400	PR ANGIOSCOPY DURING RX INTERVENTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35500	PR HARVEST VEIN FOR BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35501	PR VEIN BYPASS GRAFT,CAROTID, COMMON-INT CAR ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35506	PR VEIN BYPASS GRAFT,CAROT-SUBCL/ SUBCL-CAROTD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35508	PR VEIN BYPASS GRAFT,CAROT-VERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35509	PR VEIN BYPASS GRAFT; CAROTID-CONTRALAT CAROTID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35510	PR ARTERY BYPASS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35511	PR VEIN BYPASS GRAFT,SUBCL-SUBCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35512	PR ARTERY BYPASS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35515	PR VEIN BYPASS GRAFT,SUBCL-VERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35516	PR VEIN BYPASS GRAFT,SUBCL-AXILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35518	PR VEIN BYPASS GRAFT,AXILL-AXILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35521	PR VEIN BYPASS GRAFT,AXILL-FEMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35522	PR ARTERY BYPASS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35523	PR VEIN BYPASS GRAFT, BRACHIAL ULNAR OR RADIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35525	PR ARTERY BYPASS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35526	PR VEIN BYPASS GRAFT,AORTO SUBCLAVIAN/AORTOINNOMINATE/AORTOCAROTID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35531	PR VEIN BYPASS GRAFT,AORTO-MESEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35533	PR VEIN BYPASS GRAFT,AXILL-FEM-FEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35535	PR VEIN BYPASS GRAFT,HEPATO RENAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35536	PR VEIN BYPASS GRAFT,SPLENO RENAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35537	PR VEIN BYPASS GRAFT,AORTOILIOFEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35538	PR VEIN BYPASS GRAFT,AORTO BI-ILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35539	PR VEIN BYPASS GRAFT,AORTO FEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35540	PR VEIN BYPASS GRAFT,AORTO BIFEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35556	PR VEIN BYPASS GRAFT,FEM-POP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35558	PR VEIN BYPASS GRAFT,FEM-FEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35560	PR VEIN BYPASS GRAFT,AORTO RENAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35563	PR VEIN BYPASS GRAFT,ILIOILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35565	PR VEIN BYPASS GRAFT,ILIOFEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35566	PR VEIN BYPASS GRAFT,FEM-TIBIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35570	PR VEIN BYPASS GRAFT,TIBIAL-TIBIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35571	PR VEIN BYPASS GRAFT,TIB-PERONEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35572	PR HARVEST FEMPOP VEIN,ONE SEGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35583	PR VEIN IN SITU BYPASS GRAFT,FEM-POP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35585	PR VEIN IN SITU BYPASS GRAFT,FEM-TIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35587	PR VEIN IN SITU BYPASS GRAFT,POP-TIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35600	PR OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35601	PR BYPASS GRAFT OTHR,CAROTID-INT CAROTID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35606	PR BYPASS GRAFT OTHR,CAROT-SUBCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35612	PR BYPASS GRAFT OTHR,SUBCL-SUBCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35616	PR BYPASS GRAFT OTHR,SUBCL-AXILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35621	PR BYPASS GRAFT OTHR,AXILL-FEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35623	PR BYPASS GRAFT OTHR,AXILL-POP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35626	PR BYPASS GRAFT OTHR,AORTOS UBCLAVIAN/AORTOINNOMINATE/AORTOCAROTID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35631	PR BYPASS GRAFT OTHR,AORTO-MESENTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35632	PR BYPASS GRAFT OTHR,ILIO-CELIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35633	PR BYPASS GRAFT OTHR,ILIO-MESENTERIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35634	PR BYPASS GRAFT OTHR,ILIO-RENAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35636	PR BYPASS GRAFT OTHR,SPLENO-RENAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35637	PR BYPASS GRAFT OTHR,AORTOILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35638	PR BYPASS GRAFT OTHR,AORTOBI-ILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35642	PR BYPASS GRAFT OTHR,CAROT-VERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35645	PR BYPASS GRAFT OTHR,SUBCL-VERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35646	PR BYPASS GRAFT OTHR,AORTOBI FEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35647	PR BYPASS GRAFT OTHR,AORTOF EMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35650	PR BYPASS GRAFT OTHR,AXILL-AXILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35654	PR BYPASS GRAFT OTHR,AXILL-FEM-FEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35656	PR BYPASS GRAFT OTHR,FEM-POP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35661	PR BYPASS GRAFT OTHR,FEM-FEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35663	PR BYPASS GRAFT OTHR,ILIOILIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35665	PR BYPASS GRAFT OTHR,ILIOFEMORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35666	PR BYPASS GRAFT OTHR,FEM-TIBIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35671	PR BYPASS GRAFT OTHR,POP-PERONEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35681	PR BYPASS GRAFT COMPOSITE/PROS+VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35682	PR BYPASS GRAFT COMPOS/2 VEINS/2 LOCATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35683	PR BYPASS GRAFT COMPOS/3+ VEINS/2 LOCAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35685	PR BYPASS GRAFT VEIN PATCH/CUFF,SYNTHETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35686	PR CREATION DISTAL AV FIST,LOW EXT BYPASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35691	PR ART TRANSPOSITN, VERT-CAROT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35693	PR ART TRANSPOSITN, VERT-SUBCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35694	PR ART TRANSPOSITN, SUBCL-CAROT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35695	PR ART TRANSPOSITN, CAROT-SUBCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35697	PR REIMPLANT ARTERY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35700	PR REOPERATION, BYPASS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35701	PR EXPLORATION N/FLWD SURG NECK ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35702	PR EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35703	PR EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35800	PR EXPLOR POSTOP BLEED,INFEC,CLOT-NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35820	PR EXPLOR POSTOP BLEED,INFEC,CLOT-CHST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35840	PR EXPLOR POSTOP BLEED,INFEC,CLOT-ABD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35860	PR EXPLOR POSTOP BLEED,INFEC,CLOT-EXTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35870	PR REPAIR VESSEL GRAFT DEFECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35875	PR REMOVAL OF CLOT IN GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35876	PR REMOVAL OF CLOT IN GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35879	PR REVISE GRAFT/VEIN PATCH ANGIO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35881	PR REVISE GRAFT/SEG VEIN INTERPOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35883	PR REVISE FEMORAL GRAFT, NON-AUTOGENOUS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35884	PR REVISE FEMORAL GRAFT, AUTOGENOUS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
35901	PR EXCISION, INFEC GRAFT, NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35903	PR EXCISION, INFEC GRAFT, EXTREMITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35905	PR EXCISION, INFEC GRAFT, THORAX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
35907	PR EXCISION, INFEC GRAFT, ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36000	PR PLACE NEEDLE IN VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36002	PR INJECTION RX EXTREMITY PSEUDOANEURYSM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36005	PR INJECTION PROC,EXTREMITY,VENOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36010	PR INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36011	PR PLACE CATH IN VEIN,SELECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36012	PR PLACE CATH IN VEIN,SUBSELECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36013	PR PLACE CATH IN RT HRT,MAIN PULM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36014	PR PLACE CATH IN LT/RT PULM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36015	PR PLACE CATH IN SUBSEGMT PULM ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36100	PR PLACE CATH CAROT/VERT ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36140	PR INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36160	PR PLACE CATH AORTA VIA TRANSLUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36200	PR INTRODUCTION CATHETER AORTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36215	PR PLACE CATH SELECTIVE ART,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36216	PR PLACE CATH SUBSELECT ART,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36217	PR PLACE CATH SUBSUBSELECT ART,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36218	PR PLACE CATH ADDN SUBSELEC ART,NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36221	PR NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRAN L ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36222	PR SLCTV CATH CAROTID/INNO M ART ANGIO XTRCRANL ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36223	PR SLCTV CATH CAROTID/INNO M ART ANGIO INTRCRANL ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36224	PR SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36225	PR SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36226	PR SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36227	PR SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36228	PR SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36245	PR SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36246	PR SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36247	PR SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36248	PR SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36251	PR SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR O/S&I UN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36252	PR SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/ S&I BIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36253	PR SUPSLCTV CATH 2ND +ORD RENAL&ACCES SORY ARTERY/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36254	PR SUPSLCTV CATH 2ND +ORD RENAL&ACCESSORY ARTERY/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36260	PR INSERTION OF ARTER INFUSION PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36261	PR REVISION OF INFUSION PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36262	PR REMOVAL OF INFUSION PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36299	PR VESSEL INJECTION PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36400	PR VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36405	PR VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36406	PR VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36410	PR VNPNXR 3 YEARS/> PHYS/QHP SKILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36415	PR COLLECTION VENOUS BLOOD,VENIPUNCTURE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A CHILD ABUSE PEDIATRICS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
36415	PR COLLECTION VENOUS BLOOD,VENIPUNCTURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A CHILD ABUSE PEDIATRIC EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
36420	VENOUS CUTDOWN <1 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36425	PR VENOUS CUTDOWN >1 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36430	PR BLOOD TRANSFUSION SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
36440	BLOOD TRANSFUSION PUSH,<2 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36450	PR EXCHANGE TRANSFUSION, NEWBORN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36455	PR EXCHANGE TRANSFUSION, OTHR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36456	PR PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36460	PR TRANSFUSION FETAL,INTRAUTER	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
36460	PR TRANSFUSION FETAL,INTRAUTER	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH REQUIRED IF REFERRED TO PROVIDER IS A NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
36465	PR NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36466	PR NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36468	PR INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
36470	PR INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
36471	PR INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
36473	PR ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
36474	PR ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
36475	PR ENDOVENOUS RF, 1ST VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36476	PR ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
36478	PR ENDOVENOUS LASER, 1ST VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
36479	PR ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
36481	PR PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36500	PR VENOUS SELECT SAMPLING W CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36510	PR CATH, VEIN UMBILICAL NEWBORN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36511	PR THER APHERESIS,WHITE BLOOD CELLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36512	PR THER APHERESIS,RED BLOOD CELLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36513	PR THER APHERESIS,PLATELETS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36514	PR THER APHERESIS,PLASMA PHERESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36516	PR THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36522	PR PHOTOPHERESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36555	PR INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36556	PR INSERT NON-TUNNEL CV CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36557	PR INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36558	PR INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36560	PR INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36561	PR INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36563	PR INSJ TUNNELED CTR VAD W/SUBQ PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36565	PR INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36566	PR INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36568	PR INSERTION PICC W/O IMG GDN < 5 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36569	PR INSERTION PICC W/O IMG GDN 5 YR/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36570	PR INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36571	PR INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36572	PR INSERTION PICC W/RS&I < 5 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36573	PR INSERTION PICC W/RS&I 5 YR/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36575	PR REPAIR TUNNELED CV CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36576	PR RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36578	PR RPLCMT CATH CTR VAD SUBQ PORT/PMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36580	PR REPLACE TUNNELED CV CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36581	PR RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36582	PR RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36583	PR RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36584	PR COMPLETE REPLACEMENT PICC RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36585	PR RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36589	PR REMOVAL TUNNELED CV CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36590	PR RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
36591	PR COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36593	PR DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36595	PR MECH REMOV TUNNELED CV CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36596	PR MECH REMOV TUNNELED CV CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36597	PR REPOSITION VENOUS CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36598	PR CONTRAST INJ CENT VEN CATH, INC FLOURO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36600	PR WITHDRAWAL OF ARTERIAL BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36620	PR INSERT CATH,ART,PER CUT,SHORTTERM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36625	PR INSERT CATH,ART,CUT DOWN,SHORTT ERM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36640	PR INSERT CATH,ART,CUT DOWN,PROLON G	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36660	PR CATH, UMBILICAL ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36680	PR INSERT NEEDLE,INTRA OSSEOUS INFUSN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36800	PR INSERT CANNULA,VEIN-VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36810	PR INSERT CANNULA,ART-VEN,EXTERN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36815	PR INSERT CANNULA,ART-VEN REVISN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36818	PR AV ANAST,UP ARM CEPHALIC VEIN TRANSPOSIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36819	PR AV ANAST,UP ARM BASILIC VEIN TRANSPOSIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36820	PR AV ANAST,FOREAR M VEIN TRANSPOSITIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36821	PR ANASTOMOSIS, AV,ANY SITE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36823	PR INSERT CANNULA,ISOLATED EXTRACORP CIRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36825	PR CREAT AV FISTULA,AUTOGENOUS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36830	PR CREAT AV FISTULA,NON-AUTOGENOUS GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36831	PR THROMBECTOMY,AV FISTULA DIALYS GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36832	PR REVISE AV FISTULA,W/O THROMBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36833	PR AV FIST REVISE GRFT,W THROMBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36835	PR ARTERY TO VEIN SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36836	PR PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION, UPPER EXTREMITY, SINGLE ACCESS OF BOTH THE PERIPHERAL ARTERY AND PERIPHERAL VEIN, INCLUDING FISTULA MATURATION PROCEDURES (EG, TRANSLUMINAL B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36837	PR PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION, UPPER EXTREMITY, SEPARATE ACCESS SITES OF THE PERIPHERAL ARTERY AND PERIPHERAL VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36838	PR DIST REVAS LIGATION, HEMO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36860	PR EXT CANNULA DECLOTT WO BALLOON CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36861	PR EXT CANNULA DECLOTT W BALLOON CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36901	PR INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36902	PR INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36903	PR INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36904	PR PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36905	PR PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36906	PR PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36907	PR TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
36908	PR STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
36909	PR DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37140	PR VENOUS ANASTOMOSIS, OPEN,PORTOC AVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37145	PR RENOPORTAL SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37160	PR CAVAL-MESENTERIC SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37180	PR SPLENORENAL PROX SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37181	PR SPLENORENAL DISTAL SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37182	PR INSERT TRANSVEN INTRAHEP PORTOSYS SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37183	PR REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEM IC SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37184	PR PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37185	PR PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37186	PR SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37187	PR PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37188	PR PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37191	PR INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37192	PR REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37193	PR RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37195	PR THROMBOLYTIC THERAPY, STROKE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37197	PR PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
37200	PR TRANSCATHETER BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37211	PR THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37212	PR THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37213	PR THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37214	PR CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37215	PR TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37216	PR TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37217	PR TCATH STENT PLACEMT RETROGRAD CAROTID/INNO MINATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37218	PR TCATH STENT PLACEMT ANTEGRADE CAROTID/INNO MINATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37220	PR REVASCULARIZ ATION ILIAC ARTERY ANGIOP 1ST VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37221	PR REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37222	PR REVASCULARIZ ATION ILIAC ART ANGIOP EA IPSI VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37223	PR REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37224	PR REVSC OPN/PRG FEM/POP W/ANGIOPLAST Y UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37225	PR REVSC OPN/PRQ FEM/POP W/ATHRC/ANGI OP SM VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37226	PR REVSC OPN/PRQ FEM/POP W/STNT/ANGIO P SM VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37227	PR REVSC OPN/PRQ FEM/POP W/STNT/ATHRC /ANGIOP SM VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37228	PR REVSC OPN/PRQ TIB/PERO W/ANGIOPLAST Y UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37229	PR REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGI OP SM VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37230	PR REVSC OPN/PRQ TIB/PERO W/STNT/ANGIO P SM VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37231	PR REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ ANGIOP SM VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37232	PR REVSC OPN/PRQ TIB/PERO W/ANGIOPLAST Y UNI EA VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37233	PR REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGI OP UNI EA VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37234	PR REVSC OPN/PRQ TIB/PERO W/STNT/ANGIO P UNI EA VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37235	PR REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ ANGIOP EA VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37236	PR OPEN/PERQ PLACEMENT INTRAVASCULA R STENT INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37237	PR OPEN/PERQ PLACEMENT INTRAVASCULA R STENT EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37238	PR OPEN/PERQ PLACEMENT INTRAVASCULA R STENT SAME 1ST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37239	PR OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37241	PR VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37242	PR VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37243	PR VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37244	PR VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37246	PR TRLUML BALO ANGIOP 1ST ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37247	PR TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37248	PR TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37249	PR TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37252	PR INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37253	PR INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37500	PR VAS ENDOSCOP, W/LIGAT PERF VEINS,SUBFASC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37501	PR UNLISTED VASCULAR ENDOSCOPY PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37565	PR LIGATN NECK VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37600	PR LIGATN NECK ARTERY, ECA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37605	PR LIGATN NECK ARTERY,ICA,CCA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37606	PR LIGATN NECK ARTERY,ICA,CCA,GRADUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37607	PR LIGATN ANGIOACCESS AV FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37609	PR TEMPORAL ARTERY LIGATN OR BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37615	PR LIGATN OF NECK ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37616	PR LIGATN OF CHEST ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37617	PR LIGATN OF ABDOMEN ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37618	PR LIGATN OF EXTREMITY ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37619	PR INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37650	PR LIGATN FEMORAL VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37660	PR LIGATN COMMON ILIAC VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37700	PR LIGATN LONG SAPHENOUS VEIN AT SEPH-FEM JUNC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37718	PR LIGATE/STRIP SHORT SAPEHNOUS VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37722	PR LIGATE/STRIP LONG SAPH VEIN BELW SEP-FEM JUNC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37735	PR REMOVAL OF LEG VEINS/ULCER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37760	PR LIGATN PERFORATORS ,SUBFASC,RADI CAL,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37761	PR LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37765	PR PHLEB VEINS - EXTREM - TO 20	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37766	PR PHLEB VEINS - EXTREM 20+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
37780	PR LIGATN SHORT SAPHEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
37785	PR REVISE SECONDARY VARICOSITY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
37799	PR VASCULAR SURGERY PROCEDURE UNLIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38100	PR REMOVAL SPLEEN, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38101	PR REMOVAL SPLEEN, PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38102	PR REMOVAL SPLEEN, TOTAL W OTHR PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38115	PR REPAIR OF RUPTURED SPLEEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38120	PR LAP,SPLENECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38129	PR LAP PROC,SPLEEN, UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38200	PR INJECTION FOR SPLEEN X-RAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
38206	PR PROG CELL HARVEST,TRANSPLANT,AUTOLOGOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38220	PR DIAGNOSTIC BONE MARROW ASPIRATIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
38221	PR DIAGNOSTIC BONE MARROW BIOPSIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
38222	PR DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
38225	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; HARVESTING OF BLOOD-DERIVED T LYMPHOCYTES FOR DEVELOPMENT OF GENETICALLY MODIFIED AUTOLOGOUS CAR-T CELLS, PER DAY.	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
38226	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; PREPARATION OF BLOOD-DERIVED T LYMPHOCYTES FOR TRANSPORTATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
38227	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; RECEIPT AND PREPARATION OF CAR-T CELLS FOR ADMINISTRATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
38228	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELL ADMINISTRATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
38230	PR BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38232	PR BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38240	PR TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38241	PR TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
38242	PR ALLOGENEIC LYMPHOCYTE INFUSIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38243	PR TRNSPLJ HEMATOPOIETIC CELL BOOST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38300	PR DRAINAGE LYMPH NODE,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38305	PR DRAINAGE LYMPH NODE,EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
38308	PR INCISION OF LYMPH CHANNELS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38380	PR LIGATN THOR DUCT,CERV APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38381	PR LIGATN THOR DUCT,THOR APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38382	PR LIGATN THOR DUCT,ABD APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38500	PR BIOPSY/EXCISION, LYMPH NODE(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38505	PR NEEDLE BIOPSY, LYMPH NODE(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38510	PR BX/REMV,LYMPH NODE,DEEP CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38520	PR BX/REMV,LYMPH NODE,DEEP CERV/SCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38525	PR BX/REMV,LYMPH NODE,DEEP AXILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38530	PR BX/REMV,LYMPH NODE,INTERN MAMM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
38531	PR OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38542	PR EXPLORE DEEP NODE(S), NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38550	PR REMOVAL CYST HYGROMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
38555	PR REMOVAL CYST HYGROMA NEUROVASC DISS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38562	PR REMOVAL, PELVIC LYMPH NODES,STAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38564	PR REMOVAL, ABDOMEN LYMPH NODE,STAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38570	PR LAP,LYMPH NODE BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38571	PR LAP,PELVIC LYMPHADENECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38572	PR LAP,PELVIC LYMPHADENECTOMY/BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
38573	PR LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38589	PR LAP,LYMPHATIC SYSTEM,OTHER PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38700	PR REMOVAL NODES, NECK,SUPRAHYOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38720	PR REMOVAL NODES, NECK,CERV CMPLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38724	PR REMOVAL NODES, NECK,CERV MOD RAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38740	PR REMOVE ARMPIT LYMPH NODES SUPERFIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38745	PR REMOVE ARMPITS LYMPH NODES COMPLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38746	PR REMOVE THOR LYMPH NODES RAD REGNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38747	PR REMOVE ABD LYMPH NODES RAD REGNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38760	PR REMOVE GROIN LYMPH NODES SUPERF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
38765	PR REMOVE GROIN LYMPH NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38770	PR REMOVE PELVIS LYMPH NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38780	PR REMOVE ABD LYMPH NODES EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38790	PR INJECTION FOR LYMPHATIC XRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38792	PR INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38794	PR ACCESS THORACIC LYMPH DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38900	PR INTRAOPERATIVE SENTINEL LYMPH NODE ID W DYE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
38999	PR BLOOD/LYMPH SYSTEM PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39000	PR MEDIASTINOSCOPY, CERV APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
39010	PR MEDIASTINOSCOPY, CHST APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39200	PR RESECTION OF MEDIASTINAL CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39220	PR RESECTION MEDIASTINAL TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39401	PR MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39402	PR MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39499	PR MEDIASTINAL PROCEDURE UNLIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39501	PR REPAIR DIAPHRAGM LACERATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39503	PR REPAIR DIAPHR HERNIA,NEONATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39540	PR REPAIR DIAPHR HERNIA TRAUMA ACUTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
39541	PR REPAIR DIAPHR HERNIA TRAUMA CHR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39545	PR REVISION OF DIAPHRAGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39560	PR RESECT DIAPHRAM,SIMPLE REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39561	PR RESECT DIAPHRAM,COMPLX REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
39599	PR DIAPHRAGM SURG PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
40490	PR BIOPSY OF LIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
40500	PR LIP SHAVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40510	PR PARTIAL EXCIS LIP,WEDGE PRIM CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
40520	PR PARTIAL EXCIS LIP,V-EXC PRIM CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40525	PR FULL THICK EXCIS LIP,RECON W FLAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40527	PR FULL THICK EXCIS LIP,FIX W XFLAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40530	PR PARTIAL REMOVAL OF LIP,>1/4	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
40650	PR REPAIR LIP,FULL THICK,VERMILION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40652	PR REPAIR LIP,<1/2 VERT HEIGHT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40654	PR REPAIR LIP,>1/2 VERT HEIGHT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40700	PR REPAIR CLEFT LIP/NASAL,UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
40701	PR REPR CLEFT LIP,BILAT,1 STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
40702	PR REPR CLEFT LIP,BILAT,1OF2 STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
40720	PR REPR CLEFT LIP/NASAL,SECONDARY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
40761	PR REPR CLEFT LIP/NASAL,XLIP PED GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
40799	PR LIP SURGERY PROC UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40800	PR DRAIN MOUTH ABSC/CYST/HEMATOMA,SIMPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40801	PR DRAIN MOUTH ABSC/CYST/HEMAT,COMPLX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40804	PR REMOVAL FOREIGN BODY,MOUTH,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
40805	PR REMOVAL FOREIGN BODY,MOUTH, COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
40806	PR INCISION OF LIP FOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (LINGUAL FRENECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LINGUAL-FRENECTOMY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40808	PR BIOPSY OF MOUTH LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
40810	PR EXCIS MOUTH MUCOSA/SUB,NO REPAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40812	PR EXCIS MOUTH MUCOSA/SUB,SIMPL REPAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
40814	PR EXCIS MOUTH MUCOSA/SUB,COMPLX REPR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40816	PR EXCIS MOUTH COMPLEX,EXC THRU MUSCLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40818	PR EXCISE ORAL MUCOSA FOR GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40819	PR EXCISE LIP OR CHEEK FOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (LINGUAL FRENECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LINGUAL-FRENECTOMY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
40820	PR DESTRUC MOUTH LESION/SCAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40830	PR REPAIR MOUTH LACERATION,< 2.5CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40831	PR REPAIR MOUTH LACERATION,> 2.5CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40840	PR RECONSTRUC MOUTH ANTERIOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
40842	PR RECONSTRUC MOUTH POSTER,UNILAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40843	PR RECONSTRUC MOUTH POSTER,BILAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40844	PR RECONSTRUC MOUTH ENTIRE ARCH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40845	PR RECONSTRUC MOUTH COMPLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
40899	PR MOUTH SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41000	PR I&D MOUTH/TONG INTRA,LINGUAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41005	PR I&D MOUTH/TONG INTRA,SUBLING ,SUPERF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41006	PR I&D MOUTH/TONG INTRA,SUBLING ,DEEP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41007	PR I&D MOUTH/TONG INTRA,SUBMENTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41008	PR I&D MOUTH/TONG INTRA,SUBMAN DIBULAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41009	PR I&D MOUTH/TONG INTRA,MASTICATOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41010	PR INCISION OF TONGUE FOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (LINGUAL FRENECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LINGUAL-FRENECTOMY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
41015	PR I&D MOUTH/TONG EXTRA,SUBLING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41016	PR I&D MOUTH/TONG EXTRA,SUBMENTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41017	PR I&D MOUTH/TONG EXTRA,SUBMANDIBUL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41018	PR I&D MOUTH/TONG EXTRA,MASTICATOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41100	PR BIOPSY TONGUE,ANTER 2/3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41105	PR BIOPSY TONGUE,POSTER 1/3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41108	PR BIOPSY OF FLOOR OF MOUTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41110	PR EXCIS TONGUE LESN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41112	PR EXCIS TONGUE LESN,ANT 2/3+CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41113	PR EXCIS TONGUE LESN,POST 1/3	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41114	PR EXCIS TONGUE LESN,LOCAL FLAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41115	PR EXCIS TONGUE FOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (LINGUAL FRENECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LINGUAL-FRENECTOMY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
41116	PR EXCIS FLOOR MOUTH LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41120	PR PART REMOVAL TONGUE,<1/2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41130	PR PART REMOVAL TONGUE, 1/2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41135	PR PART EXC TONGUE,UNILAT RAD NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41140	PR REMOVAL OF TONGUE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41145	PR EXCIS TONGUE,UNILAT RAD NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41150	PR EXCIS TONGUE,MOUTH,JAW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41153	PR EXCIS TONGUE,MOUTH,NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41155	PR EXCIS TONGUE,MOUTH,JAW,RAD NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41250	PR REPAIR TONGUE LACER,<2.6CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
41251	PR REPAIR TONGUE LACER,POST 1/3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
41252	PR REPAIR TONGUE LACER,2.6CM +/COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
41510	PR TONGUE TO LIP SURGERY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41520	PR RECONSTRUCTION, TONGUE FOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
41599	PR TONGUE AND MOUTH SURG UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41800	PR DRAINAGE OF GUM LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41805	PR REMOVAL FOREIGN BODY, GUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
41806	PR REMOVAL FOREIGN BODY,JAWBONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41820	PR EXCISION, GUM, EACH QUADRANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41821	PR EXCISION OF GUM FLAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41822	PR EXCIS FIBROUS TUBER,DENTO ALV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41823	PR EXCIS OSSEOUS TUBER,DENTO ALV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41825	PR EXCIS DENTOALVEOLAR LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41826	PR EXCIS DENTOALV LESN,SIMPL REPR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41827	PR EXCIS DENTOALV LESN,COMPLX REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41828	PR EXCISION OF GUM LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41830	PR REMOVAL OF GUM TISSUE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41850	PR TREATMENT OF GUM LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41870	PR GUM GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41872	PR REPAIR GUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
41874	PR ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
41899	PR DENTAL SURGERY PROCEDURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2024
42000	PR DRAINAGE ABSCESS PALATE/UVULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42100	PR BIOPSY PALATE/UVULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
42104	PR EXCIS LESN,PALATE/UVULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42106	PR EXCIS LESN,PALATE/UVULA-SIMPL CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42107	PR EXCIS LESN,PALETE/UVULA-FLAP CLOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42120	PR REMOVE PALATE/LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42140	PR EXCISION OF UVULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42145	PR PALATOPHAYNGOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42160	PR DESTRUC LESN PALATE/UVULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42180	PR REPAIR PALATE LACER <2CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42182	PR REPAIR PALATE LACER 2+CM OR COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42200	PR RECONST CLEFT PALATE,SOFT/HARD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42205	PR RECONST CLEFT PALATE,CLOSALVE RDG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42210	PR RECONST CLEFT PALATE,BONE GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42215	PR RECONST CLEFT PALATE,MAJOR REVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42220	PR RECONST CLEFT PALATE,LENGTHENING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42225	PR RECONST CLEFT PALATE,ATTACH PHAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42226	PR LENGTHENING PALATE +PHARY FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42227	PR LENGTHENING PALATE +ISLAND FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42235	PR REPAIR ANTER PALATE W VOMER FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2023
42260	PR REPAIR NOSE TO LIP FISTULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2023
42280	PR MAXILL IMPRESSN-PALATE PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42281	PR INSERTION, PALATE PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42299	PR PALATE/UVULA SURGERY UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42300	PR DRAIN ABSCESS PAROTID,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42305	PR DRAIN ABSCESS PAROTID,COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42310	PR DRAIN ABSC-SUBMAX,SUBLING-INTRAORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42320	PR DRAIN ABSC-SUBMAX-EXTERNAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42330	PR REMOVAL SALIVARY STONE,UNCOMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42335	PR REMOVAL SUBMAND STONE,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42340	PR REMOVAL PAROTID STONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42400	PR BIOPSY SALIVARY GLAND,NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
42405	PR BIOPSY SALIVARY GLAND,INCISIONAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42408	PR EXCISION SUBLING SALIVARY CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42409	PR DRAINAGE SUBLING SALIVARY CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42410	PR EXC PAROTD LESN,LATER LOBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42415	PR EXC PAROTD,LAT LOBE,DISSECT 5TH NERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42420	PR EXC PAROTD,TOTAL ,DISSECT 5TH NERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42425	PR EXC PAROTD,TOTAL ,SACRIFICE 5TH NERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42426	PR EXC PAROTD,TOTAL ,UNILAT RAD NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42440	PR EXCISION SUBMAXILLARY GLAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42450	PR EXCISION SUBLINGUAL GLAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42500	PR REPAIR SALIVARY DUCT SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42505	PR REPAIR SALIVARY DUCT COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42507	PR PAROTID DUCT DIVERT,BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42509	PR PAROTID DUCT DIVERT,EXC BISUBMAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42510	PR PAROTID DUCT DIVERT,LIGATE SUBMAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42550	PR INJECTION FOR SALIVARY X-RAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42600	PR CLOSURE OF SALIVARY FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42650	PR DILATION OF SALIVARY DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42660	PR DILATION/CATH OF SALIVARY DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42665	PR LIGATION OF SALIVARY DUCT,INTRAORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42699	PR SALIVARY SURG UNLISTED PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42700	PR INC/DRAIN PERITONSIL ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42720	PR INC/DRAIN RETROPHARYNG ABSCESS,ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42725	PR INC/DRAIN RETROPHARYNG ABSCESS,EXT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42800	PR BIOPSY OROPHARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
42804	PR BIOPSY NASOPHARYNX,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42806	PR BIOPSY NASOPHARYNX,SURVEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42808	PR EXCISE PHARYNX LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42809	PR REMOVE PHARYNX FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
42810	PR EXCISION BRACH CLFT CYST,SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42815	PR EXCISION BRANC CLFT CYST,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42820	REMOVE TONSILS/ADENOIDS,<12 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42821	PR REMOVE TONSILS/ADENOIDS,12+ Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42825	REMOVAL OF TONSILS,<12 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42826	PR REMOVAL OF TONSILS,12+ Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42830	REMOVAL ADENOIDS,PRIMARY,<12 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42831	PR REMOVAL ADENOIDS,PRIMARY,12+ Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42835	REMOVAL ADENOIDS,SECOND,<12 Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42836	PR REMOVAL ADENOIDS,SECOND,12+ Y/O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
42842	PR RAD RESEC TONSIL/PILLARS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42844	PR RAD RESEC TONSIL/PILLARS,CLOS LOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42845	PR RAD RESEC TONSIL/PILLARS,CLOS FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42860	PR EXCISION OF TONSIL TAGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42870	PR EXCISION OF LINGUAL TONSIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42890	PR PARTIAL REMOVAL OF PHARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42892	PR RESEC LAT PHARYN WALL/PYRIFRM SIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42894	PR RESEC PHARYN WALL,CLOS MYOCUT FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42900	PR SUTURE INJURY/WND PHARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42950	PR RECONSTRUCTION OF THROAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42953	PR REPAIR THROAT, ESOPHAGUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42955	PR SURGICAL OPENING OF PHARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42960	PR CONTROL THROAT BLEED,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
42961	PR CONTROL THROAT BLEED,COMPL IN HOSP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42962	PR CONTROL THROAT BLEED,SURG INTERVENTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42970	PR CNTRL NASOPHAR BLEED,SIMPLE, W/POST PACKS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42971	PR CNTRL NASOPHARYNG BLEED,COMPLI CATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42972	PR CNTRL NASOPHARYNG BLEED,SURGE RY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
42975	PR DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
42999	PR THROAT SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43020	PR INCIS ESOPHAGUS,F OREIGN BODY,CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43030	PR CRICOPHAYNG EAL MYOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43045	PR INCIS ESOPHAGUS,FOREIGN BODY,THORAX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43100	PR EXCIS ESOPHAGUS LESN,CERV APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43101	PR EXCIS ESOPHAGUS LESN,THOR APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43107	PR REMOVAL ESOPHAGUS,NO THORACOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43108	PR EXCIS ESOPH,W/O THORAC,W/COLON INTERPOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43112	PR TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43113	PR EXCIS ESOPH,W/THORACOT,W/COLON INTERPOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43116	PR PART REMOV ESOPHAGUS,CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43117	PR PART REMOV ESOPHAGUS,LOWER 2/3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43118	PR PART RMV ESOPH,DIST 2/3,W/THOR,W/ COL INT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43121	PR PART REMOV ESOPH,LOWER, THORACOTOM Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43122	PR PARI REMOV ESOPH,THORA COABDOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43123	PR PART RMV ESOPH,THORA COABD APP,W/COL INT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43124	PR REMOVAL OF ESOPHAGUS,N O RECONSTRUC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43130	PR REMOV ESOPHAG DIVERTIC,CERV APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43135	PR REMOV ESOPHAG DIVERTIC,THO R APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43180	PR ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43191	PR ESOPHAGOSC OPY RIGID TRANSORAL DIAGNOSTIC BRUSH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43192	PR ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43193	PR ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43194	PR ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43195	PR ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43196	PR ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43197	PR ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43198	PR ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43200	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43201	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43202	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43204	PR ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43205	PR ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43206	PR ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43210	PR EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43211	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43212	PR ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43213	PR ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43214	PR ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43215	PR ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43216	PR ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43217	PR ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43219	PR ESOPHAGOSCOPY,INSERT TUBE/STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43220	PR ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43226	PR ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43227	PR ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43228	PR ESOPHAGOSCOPY,ABLATION TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43229	PR ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43231	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43232	PR ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43233	PR EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43234	PR UPPER GI ENDOSCOPY,EXAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43235	PR ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43236	PR ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43237	PR ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43238	PR EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43239	PR EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43240	PR EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43241	PR EGD INTRALUMINAL TUBE/CATHETER INSERTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43242	PR EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43243	PR EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43244	PR EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43245	PR EGD DILATION GASTRIC/DUODENAL STRICTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43246	PR EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43247	PR EGD FLEXIBLE FOREIGN BODY REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43247	PR EGD FLEXIBLE FOREIGN BODY REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43248	PR EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43249	PR EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43250	PR EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43251	PR EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43252	PR EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43253	PR EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43254	PR EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43255	PR EGD TRANSORAL CONTROL BLEEDING ANY METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43256	PR UPPER GI ENDOSCOPY,STENT PLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43257	PR EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43258	PR UPPER GI ENDOSCOPY,TUMOR ABLATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43259	PR EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43260	PR ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43261	PR ERCP W/BIOPSY SINGLE/MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43262	PR ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43263	PR ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43264	PR ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43265	PR ERCP DESTRUCTION/ LITHOTRIPSY CALCULI ANY METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43266	PR EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43267	PR ERCP,NASOBILIARY DRAIN TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43268	PR ERCP,INSERT STENT,BILIARY/ PANC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43269	PR ERCP,RMV F.B./CHANGE STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43270	PR EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43271	PR ERCP,BALLOON DIL DUCTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43272	PR ERCP,ABLATION TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43273	PR ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43274	PR ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43275	PR ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43276	PR ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43277	PR ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLAEA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43278	PR ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
43279	PR LAP, ESOPHAGOMYOTOMY W FUNDOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43280	PR LAP,ESOPHAGOGAST FUNDOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43281	LAP,SURGICAL RPR PARAESOPHAGEAL HERNIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43282	PR LAP RPR PARAESOPH HERNIA W/ MESH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43283	PR LAP ESOPHAGEAL LENGTHENING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43286	PR ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43287	PR ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43288	PR ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43289	PR LAP,ESOPHAGUS,OTHER PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43300	PR ESOPHAGOPLASTY,CERV APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43305	PR REPAIR TRACHEOESOPHAGEAL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43310	PR ESOPHAGOPLASTY,THORACIC APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43312	PR REPAIR TRACHEOESOPHAGEAL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43313	PR ESOPHAGOPLASTY CON DEF,W/O REPR TE FIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43314	PR ESOPHAGOPLASTY CON DEF,W/REPAIR TE FIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43320	PR ESOPHAGOGASTRIC CARDIOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43325	PR ESOPHAGOGASTRIC FUNDOPLASTY +PATCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43327	PR ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43328	PR ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43330	PR ESOPHAGOMYOTOMY,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43331	PR ESOPHAGOMYOTOMY,THORACIC APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43332	PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,LAPAROTOMY, WO MESH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43333	PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,LAPAROTOMY, W MESH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43334	PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,THORACOTOMY, WO MESH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43335	PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,THORACOTOMY, W MESH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43336	PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,THORACOABDOMINAL, WO MESH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43337	PR REPAIR PARAESOPHAGEAL HIATAL HERNIA,THORACOABDOMINAL, W MESH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43338	PR ESOPHAGUS LENGTHENING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43340	PR ESOPHAGOJEJUNOSTOMY,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43341	PR ESOPHAGOJEJUNOSTOMY,THOR APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43351	PR SURG OPENING,ESOPHAGUS,THOR APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43352	PR SURG OPENING,ESOPHAGUS,CERV APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43360	PR GI REPAIR PREV ESOPH RMVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43361	PR GI RECON,PRIOR ESOPHAGECT, W/COLON INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43400	PR LIGATE ESOPHAGUS VARICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43405	PR LIGATE/STAPLE ESOPHAGUS,GE JUNC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43410	PR SUTURE ESOPHAGUS WOUND,CERV APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43415	PR SUTURE ESOPHAGUS WOUND,THOR APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43420	PR REPAIR ESOPHAGUS OPENING,CERV APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43425	PR REPAIR ESOPHAGUS OPENING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43450	PR DILATE ESOPHAGUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43453	PR DILATION ESOPHAGUS GUIDE WIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43460	PR ESOPHAGOGASTRIC TAMPONADE,BALLOON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43496	PR FREE JEJUNUM XFER,MICROVASC ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43499	PR ESOPHAGUS SURG PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43500	PR SURGICAL OPENING OF STOMACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43501	PR OPEN STOMACH,REPR ULCER,SUTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43502	PR OPEN STOM,REPR OLD GE LACERATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43510	PR GASTROTOMY, ESOPH DIL +PERM TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43520	PR INCISION OF PYLORIC MUSCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43605	PR BIOPSY OF STOMACH,BY LAPAROTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43610	PR EXCIS STOMACH ULCER,LESN;LOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43611	PR EXCIS STOAMCH MALIG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43620	PR REMOVAL STOMACH,TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43621	PR REMOVAL STOMACH,ROUX-EN-Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43622	PR REMOVAL STOMACH,FORM INTEST POUCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43631	PR REMV STOMACH,PART,DISTAL,GASTRODUOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43632	PR REMV STOMACH,PART,DISTAL,GASTROJEJUN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43633	PR REMV STOMACH,PART,DISTAL,ROUX-EN-Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43634	PR REMV STOMACH,PART,DISTAL,FORM POUCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43635	PR REMV STOMACH,PART,DISTAL,VAGOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43640	PR VAGOTOMY/PYLOROPLASTY,SELECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43641	PR VAGOTOMY/PYLOROPLASTY,HI SELECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43644	PR LAP GASTRIC BYPASS/ROUX-EN-Y	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43645	PR LAP GASTR BYPASS INCL SMLL INT RECON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43647	PR LAP IMPLANT/ REPLACE GASTRIC NEUROSTIM ANTRUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43648	PR LAP REVISE/REMOVE GASTRIC NEUROSTIM ANTRUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43651	PR LAP,VAGUS NERVE,TRUNCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43652	PR LAP,VAGUS NERVES,SELECTIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43653	PR LAP,GASTROSTOMY,W/O TUBE CONSTR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43659	PR LAP,STOMACH, OTHER,W/O TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43752	PR PLACEMENT NG/OG TUBE BY PHYSICIAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43753	PR GASTRIC INTUBATION/ASPIRATION, THERAPEUTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43754	PR GASTRIC INTUBATION/ASPIRATION, DIAGNOSTIC, 1 SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43755	PR GASTRIC INTUBATION/ASPIRATION, DIAGNOSTIC, MULTIPLE SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43756	PR DUODENAL INTUBATION/ASPIRATION, DIAGNOSTIC, 1 SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43757	PR DUODENAL INTUBATION/ASPIRATION, DIAGNOSTIC, MULTIPLE SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43761	REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43762	PR PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43763	PR PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43770	LAP, PLACE ADJUST GAST RESTRICT DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43771	LAP, REVISE ADJUST GAST RESTRICT DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43772	LAP, REMOVE ADJUST GAST RESTRICT DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43773	LAP, CHANGE ADJUST GAST RESTRICT DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43774	LAP, REMOVE ADJUST GAST RESTRICT DEVICE/PORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43775	LONGITUDINAL SLEEVE GASTRECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43800	PR RECONSTRUCTION OF PYLORUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43810	PR GASTRODUODENOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43820	PR GASTROJEJUNOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43825	PR GASTROJEJUNOSTOMY +VAGOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43830	PR GASTROSTOMY,OPEN,W/O TUBE CNSTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43831	PR PLACE GASTROSTOMY TUBE,NEONATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43832	PR GASTROSTOMY,OPEN,W/TUBE CNSTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43840	PR REPAIR PERF DUOD/GAST ULC-WND/INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43842	PR GASTROPLASTY,OBESITY,VERT BAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43843	PR GASTROPLASTY,OBESITY,OTHER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43845	PR GASTROPLASTY DUODENAL SWITCH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43846	PR GASTRIC BYPASS,OBESE <150CM ROUX-EN-Y	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43847	PR GASTRIC BYPASS,OBESITY,W/SM BOWEL RECONS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43848	REVISION GASTROPLASTY,OBESITY, NON-GAST RESTRICT DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
43860	PR REVISE,GASTROJEJUN ANAST,W/O VAGOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43865	PR REVISE GASTROJEJUN ANAST,W VAGOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43870	PR CLOSURE OF GASTROSTOMY ,SURGICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43880	PR CLOSURE GASTROCOLIC FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43881	PR OPEN IMPLANT/ REPLACE GASTRIC NEUROSTIM ANTRUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
43882	PR OPEN REVISE/REMOVE GASTRIC NEUROSTIM ANTRUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43886	PR REVISE GASTRIC PORT, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43887	PR REMOVE GASTRIC PORT, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43888	PR CHANGE GASTRIC PORT, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
43999	PR STOMACH SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44005	PR FREEING BOWEL ADHESION,ENTEROLYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44010	PR DUODENOTOMY FOR EXPLOR,BX,FB REMOV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44015	PR INSERT TUBE-BOWEL,ENTERAL ALIMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44020	PR ENTEROTOMY, NON-DUOD,EXPLOR/BX/FB REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44021	PR ENTEROTOMY DECOMPRESS SMALL BOWEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44025	PR INCIS COLON FOR EXPLOR,BX,FB REM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44050	PR REDUCE VOLVULUS,INT USS,INTERN HERNIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44055	PR CORRECT MALROTATION OF BOWEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44100	PR BIOPSY OF BOWEL, PERORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
44110	PR EXCIS BOWEL LESION (S),SINGLE ENTEROTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44111	PR EXCIS BOWEL LESION (S),MULT ENTEROTOMIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44120	PR RESECT SMALL INTEST,SINGL RESEC/ANAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44121	PR RESECT SMALL INTEST,EACH ADDNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44125	PR RESECT SMALL INTEST W ENTEROSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44126	PR RESECT SM INTEST,CONG ATRESIA,W/O TAPER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44127	PR RESECT SM INTEST,CONG ATRESIA,W/TAPER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44128	PR RESECT SM INTEST,CONG ATRESIA,EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44130	PR BOWEL TO BOWEL ANASTOMOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44135	PR ALLOTRANSPLANT,INTESTINE,CADAVER DNR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44135	PR ALLOTRANSPLANT,INTESTINE,CADAVER DNR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
44136	PR ALLOTRANSPLANT,INTESTINE,LIVING DONOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
44136	PR ALLOTRANSPLANT,INTESTINE,LIVING DONOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44137	PR REMOVE INTESTINAL ALLOGRAFT, CMPLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44139	PR MOBILIZE SPLENIC FLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44140	PR PART REMOVAL COLON W ANASTOMOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44141	PR PART REMOVAL COLON W COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44143	PR PART REMOVAL COLON W END COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44144	PR PART REMOVAL COLON W OSTOMY/MUCO FIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44145	PR PART REMOVAL COLON W COLOPROCTO STOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44146	PR PART REMOVAL COLON W COLOPROC,CO LOST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44147	PR PART REMOVAL COLON,ABD/TR ANSANAL APP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44150	PR REMOVAL COLON/ILEOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44151	PR REMOVAL COLON/ILEOSTOMY,CONTINENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44155	PR REMOVAL COLON/PROCTECTOMY/ILEOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44156	PR REMOVAL COLON/PROCTEC/ILEOSTOMY CONT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44157	PR REMOVAL COLON/PROCTEC/ ILEOANAL ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44158	PR REMOVAL COLON/PROCTEC/ILEOANAL ANAST POUCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44160	PR REMVL COLON & TERM ILEUM W/ILEOCOLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44180	PR LAP, SURG ENTEROLYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44186	PR LAP, SURG JEJUNOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44187	PR LAP, SURG ILEO/JEJUNO-STOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44188	PR LAP, SURG COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44202	PR LAP,SURG,ENT ERECTOMY,RE SECT & ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44203	PR LAP,SURG,EA ADDL RESECT & ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44204	PR LAP,SURG,COL ECTOMY, PARTIAL, W/ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44205	PR LAP,SURG,COL ECTOMY,W/RE MVL TERM ILEUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44206	PR LAP,SURG,COL ECTOMY,W/EN D COLOST & CLOSUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44207	PR LAP,SURG,COL ECTOMY,W/AN AST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44208	PR LAP,SURG,COL ECTOMY,W/AN AST,W/COLOST OMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44210	PR LAP,SURG,COL ECTOMY,TOTA L,W/O PROCTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44211	PR LAP,SURG,COLECTOMY,TOTAL,W/PROCTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44212	PR LAP,SURG,COLECT,TOT,W/PROCTECT,W/ILEOST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44213	PR LAP, SURG MOBIL SPLENIC FL DUR PTL COLECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44227	PR LAP, SURG CLOSE ENTEROSTOMY RESECT ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44238	PR UNLISTED LAPAROSCOPY PROC,INTESTINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44300	PLACEMENT ENTEROSTOMY /CECOSTOMY TUBE OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44310	PR ILEOSTOMY/JEJUNOSTOMY,NONTUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44312	PR REVISION OF ILEOSTOMY,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44314	PR REVISION OF ILEOSTOMY,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44316	PR DEVISE BOWEL POUCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44320	PR COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44322	PR COLOSTOMY,W/MULTIPLE BIOPSIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44340	PR REVISION OF COLOSTOMY,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44345	PR REVISION OF COLOSTOMY,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44346	PR REVIS COLOSTOMY,REPR PARACOLO HERNIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44360	PR ENDOSCOPY UPPER SMALL INTESTINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44361	PR ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44363	PR ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44364	PR ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44365	PR ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44366	PR ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44369	PR ENTEROSCOPY > 2ND PRTN ABLTJ LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44370	PR ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44372	PR ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44373	PR ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44376	PR ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44377	PR ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIP LE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44378	PR ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44379	PR ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44380	PR ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44381	PR ILEOSCOPY STOMA W/BALLOON DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44382	PR ILEOSCOPY STOMA W/BX SINGLE/MULTIP LE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44385	PR NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44386	PR NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIP LE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44388	PR COLONOSCOP Y STOMA DX INCLUDING COLLJ SPEC SPX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44389	PR COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44390	PR COLONOSCOPY STOMA W/RMVL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44390	PR COLONOSCOPY STOMA W/RMVL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
44391	PR COLONOSCOPY STOMA CONTROL BLEEDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44392	PR COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44393	PR COLONOSCOPY THRU STOMA,LESION REMOVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44394	PR COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44397	PR COLONOSCOPY THRU STOMA,TRANS ENDOSC STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44401	PR COLONOSCOPY STOMA ABLATION LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44402	PR COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44403	PR COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44404	PR COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44405	PR COLONOSCOPY STOMA W/BALLOON DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44406	PR COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44407	PR COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44408	PR COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
44500	PR INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44602	PR SUTURE SM INTEST,SINGLE PERF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44603	PR SUTURE SM INTEST,MULTPL PERF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44604	PR SUTURE LRG INTEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44605	PR SUTURE LRG INTEST W COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44615	PR INTESTINAL STRICTUROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44620	PR CLOSE ENTEROSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44625	PR CLOSE ENTEROSTOMY ,RESEC+ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44626	PR CLOSE ENTEROSTOMY ,RESEC +COLOREC ANAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44640	PR REPAIR BOWEL-SKIN FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44650	PR REPAIR BOWEL-BOWEL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44660	PR REPAIR BOWEL-BLADDER FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44661	PR REPR BOW-BLAD FIST,W/INTEST/ BLAD RESECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44680	PR INTESTINAL PLICATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44700	PR EXCLUSION,SM ALL BOWEL FROM PELVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44701	PR INTRAOPERATI VE COLONIC LAVAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44715	PR TRANSPLANT, PREP DONOR INTESTINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44720	PR TRANSPLANT, RECONS DONOR INTEST VENOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44721	PR TRANSPLANT, RECONS DONOR INTEST ARTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44799	PR UNLISTED PROCEDURE SMALL INTESTINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44800	PR EXCISION MECKEL,OMPHALOMES DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44820	PR EXCISION OF MESENTERY LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44850	PR SUTURE OF MESENTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44899	PR UNLISTED PROC,MECKEL/MESENTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44900	PR DRAIN APPENDICEAL ABSCESS, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44950	PR APPENDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44955	PR APPENDECTOMY,W OTHR PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
44960	PR APPENDECTOMY,RUPT APPENDX +ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44970	PR LAP,APPENDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
44979	PR LAP,APPENDIX UNLISTED PROCED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45000	PR DRAINAGE OF PELVIC ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
45005	PR I&D RECTAL SUBMUCOSAL ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
45020	PR DRAINAGE OF DEEP RECTAL ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
45100	PR BIOPSY OF RECTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
45108	PR ANORECTAL MYOMECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45110	PR PROCTECTOMY,AP RESECT +OSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45111	PR PROCTECTOMY,PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45112	PR PROCTECTOMY,AP RESEC,PULL-THRU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45113	PR PROCTECTOMY,PART,ILEAL RESERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45114	PR PROCTECTOMY,PARTIAL,ANASTOMISIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45116	PR PROCTECTOMY,PART,ANAST,TRANSACRL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45119	PR PROCTECTOMY,A-P PULLTHRU W/RESERVOIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45120	PR PROCTECTOMY,COMPLT,PULL-THRU,ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45121	PR PROCTECTOMY,COMPL,COLECTOMY,BX'S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45123	PR PROCTECTOMY,PART,NO ANAST,PERINEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45126	PR PELVIC EXENTERATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45130	PR EXCIS RECTAL PROLAPSE,PERINEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45135	PR EXCIS RECTAL PROLAPSE,ABD /PERINL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45136	PR EXCIS,ILEOANAL RESERVOIR W/ILEOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45150	PR EXCIS RECTAL STRICTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45160	PR EXCIS RECTAL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45171	EXC RECT TUM TRANSANAL PART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45172	PR EXC RCT TUM INCL MUSCULARIS PROPRIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45190	PR DESTRUCT,RECTAL TUMOR,TRANS ANAL APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45300	PR PROCTOSIGMOIDOSCOPY,RIGID,DIAGNOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45303	PR PROCTOSGMDSC RIGID W/DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45305	PR PROCTOSGMD SC RIGID W/BX SINGLE/MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45307	PR PROCTOSGMD SC RIGID W/RMVL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45308	PR PROCTOSGMD SC RIGID RMVL 1 LESION CAUTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45309	PR PROCTOSGMD SC RIGID RMVL 1 LESION SNARE TQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45315	PR PROCTOSGMD SC RIGID RMVL MULT TUMOR CAUTERY/SNARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45317	PR PROCTOSGMD SC RIGID CONTROL BLEEDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45320	PR PROCTOSGMD SC RIGID ABLATION LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45321	PR PROCTOSGMD SC RIGID DCMPRN VOLVULUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45327	PR PROCTOSGMD SC RIGID TNDSC STENT PLMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45330	PR SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45331	PR SIGMOIDOSCOPY,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45332	PR SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45333	PR SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45334	PR SIGMOIDOSCOPY FLX CONTROL BLEEDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45335	PR SGMDSC FLX DIRED SBMCSL NJX ANY SBST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45337	PR SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45338	PR SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45340	PR SIGMOIDOSCOPY FLX TNDSC BALO DILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45341	PR SIGMOIDOSCOPY FLX NDSC US XM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45342	PR SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45346	PR SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45347	PR SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45349	PR SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45350	PR SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45378	PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45379	PR COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45380	PR COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45381	PR COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45382	PR COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45383	PR COLONOSCOPY,ABLATE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45384	PR COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45385	PR COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45386	PR COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45387	PR COLONOSCOPY,TRANSENDOSCOPIC STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45388	PR COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45389	PR COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45390	PR COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45391	PR COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45392	PR COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45393	PR COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45395	PR LAP, SURG PROCTECTOMY W COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45397	PR LAP, SURG PROCTECTOMY W J-POUCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45398	PR COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
45399	PR UNLISTED PROCEDURE COLON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2024
45400	PR LAP, SURG PROCTOPEXY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45402	PR LAP, SURG PROCTOPEXY W/SIG RESECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45499	PR UNLISTED LAP PROCEDURE, RECTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45500	PR REPAIR OF RECTUM,STENOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45505	PR REPAIR OF RECTUM,PROLAPSE MUCOSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45520	PR SCLEROSIS PERIRECTAL,PROLAPSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45540	PR FIX RECTAL PROLAPSE,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45541	PR FIX RECTAL PROLAPSE,PER INEAL APPR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45550	PR REPAIR RECTUM; REMOVE SIGMOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45560	PR REPAIR OF RECTOCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45562	PR EXPLOR/REPAIR RECTUM INJURY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45563	PR EXPLOR/REPAIR RECTUM,INJ,COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45800	PR CLOSE RECTUM-BLADDER FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45805	PR CLOSE REC-BLADD FISTULA; COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45820	PR CLOSE RECTOURETHRAL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45825	PR CLOSE REC-URETHR FISTULA; COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
45900	PR REDUCTION RECTAL PROLAPSE W ANESTHE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45905	PR DILATION ANAL SPHINCTER W ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45910	PR DILATION RECTAL STRICTURE W ANEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45915	PR REMV RECTAL OBSTR:FECES/ F.B. W ANEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45990	PR SURG DIAGNOSTIC EXAM, ANORECTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
45999	PR RECTUM SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46020	PR PLACEMENT,SETON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46030	PR REMOVAL OF RECTAL MARKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46040	PR I&D PERIRECTAL ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46045	PR I&D RECTAL WALL ABSCESS W ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46050	PR I&D PERIANAL ABSCESS,SUPERFICIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46060	PR I&D RECTAL ABSCESS + FISTULECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46070	INCISION OF ANAL SEPTUM, INFANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46080	PR ANAL SPHINCTEROTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46083	PR INCISE EXTERNAL HEMORRHOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46200	PR REMOVAL OF ANAL FISSURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46220	PR REMOVAL OF ANAL TAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46221	PR LIGATION OF HEMORRHOID (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46230	PR REMOVAL OF ANAL TABS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46250	PR HEMORRHOIDECTOMY,EXTERNAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46255	PR HEMORRHOIDECTOMY,INT/EXT,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46257	PR REMOVE HEMORRHOIDS & FISSURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46258	PR REMOVE HEMORRHOIDS & FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46260	PR HEMORRHOIDECTOMY,INT/EXT,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46261	PR REMOVE HEMORRHOIDS/FISSURE,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46262	PR REMOVE HEMORRHOIDS/FISTULA,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46270	PR REMOVAL ANAL FISTULA,SUBCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46275	PR REMOVAL ANAL FISTULA,SUBMUSCULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46280	PR REMOVAL ANAL FISTULA,COMPLEX/MULTI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46285	PR REMOVAL ANAL FISTULA,SECOND STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46288	PR REPAIR ANAL FISTULA,RECT ADV FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46320	PR REMOVAL OF HEMORRHOID CLOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46500	PR INJECT SCLEROS SOLN IN HEMORRHOIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46505	PR CHEMODENER VATION ANAL SPHINCTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A CHILD ABUSE PEDIATRIC EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A CHILD ABUSE PEDIATRICS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46604	PR ANOSCOPY,W/ DILATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46606	PR ANOSCOPY AND BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46608	PR ANOSCOPY,REMOVE FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46610	PR ANOSCOPY,REMOVE LESN,FORCEPS/CAUTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46611	PR ANOSCOPY,REMOVE LESN,SNARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46612	PR ANOSCOPY,REMOVE LESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46614	PR ANOSCOPY,W/CONTROL,BLEEDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46615	PR ANOSCOPY,ABLATE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46700	PR REPAIR ANAL STRICTURE,ADULT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46705	PR REPAIR ANAL STRICTURE,INFANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46706	PR REPAIR OF ANAL FISTULA W/FIBRIN GLUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46707	PR REPAIR ANORECTAL FISTULA PLUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46710	PR TRANSPERIN REPR ILEOANAL POUCH FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46712	PR TRANSPERIN/ TRANSABD REPR ILEOANAL POUCH FISTLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46715	PR REPR LO IMPERF ANUS W FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46716	PR REPR LO IMPERF ANUS W TRANSPOSTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46730	PR REPR HI IMPERF ANUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46735	PR REPR HI IMPERF ANUS,COMBINED APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46740	PR REPR HI IMPERF ANUS,W FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46742	PR REPR HI IMPERF ANUS,FIST,COMBINED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46744	PR REPR CLOACAL ANOMALY,SACROPERINEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46746	PR REPR CLOACAL ANOMALY,COMBINED APPRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46748	PR REPR CLOACAL ANOMALY,VAGINAL LENGTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46750	PR REPAIR OF ANAL SPHINCTER,ADULT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46751	REPAIR OF ANAL SPHINCTER,CHILD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46753	PR RECONSTRUCTION OF ANUS,GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46754	PR REMOVAL OF SUTURE/WIRE FROM ANUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46760	PR REPR ANAL SPHINCTER,MUSC TRANSPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46761	PR REPR ANAL SPHINC,LEVATR MUSC IMBRIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46900	PR DESTRUCT,ANAL LESN (S),SIMPLE,CHEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46910	PR ELECTRODESSICATN,ANAL LESN(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46916	PR CRYOSURGERY, ANAL LESION(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46917	PR LASER SURGERY, ANAL LESION (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46922	PR SURG EXCISION OF ANAL LESION (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46924	PR DESTRUCTION, ANAL LESION (S),EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
46930	PR DESTRUCT INTERNAL HEMORRHOID, THERMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46940	PR CAUTERY ANAL FISSURE,INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46942	PR CAUTERY ANAL FISSURE, FOLOWUP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46945	PR INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46946	PR INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
46948	PR INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
46999	PR ANUS SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47000	PR BIOPSY LIVER NEEDLE PERCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47001	PR NEEDLE BIOPSY LIVER,W OTHR PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47010	PR DRAINAGE OF LIVER LESION, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47015	PR INJECT/ASPIRATE LIVER CYST/ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47100	PR WEDGE BIOPSY OF LIVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47120	PR RESEC LIVER,PART LOBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47122	PR RESEC LIVER,TRISEGMENTECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47125	PR RESEC LIVER,TOTAL LT LOBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47130	PR RESEC LIVER,TOTAL RT LOBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47133	PR REMOVAL OF DONOR LIVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47135	PR TRANSPLANT LIVER,ALLOTRANSPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
47143	PR TRANSPLANT,PREP DONOR LIVER, WHOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47144	PR TRANSPLANT,PREP DONOR LIVER, 3-SEGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47145	PR TRANSPLANT,PREP DONOR LIVER, LOBE SPLIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47146	PR TRANSPLANT,PREP DONOR LIVER/VENOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47147	PR TRANSPLANT,PREP DONOR LIVER/ARTERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47300	PR MARSUPIALIZE LIVER CYST/ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47350	PR REPAIR BLEED LIVER/SUTURE WOUND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47360	PR REPR BLEED LIVER/COMPLX SUTURE WND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47361	PR EXPLOR LIVER WOUND,EXTEN SIV DEBRIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47362	PR RE-EXPLORE LIVER WOUND,REMV PACKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47370	PR LAP,ABLAT 1+ LIVER TUMOR (S),RADIOFREQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47371	PR LAP,ABLAT 1+ LIVER TUMOR (S),CRYO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47379	PR UNLISTED LAPAROSCOPI C PROC, LIVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47380	PR ABLAT,OPEN,1+ LIVER TUMOR (S),RADIOFREQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47381	PR ABLAT,OPEN,1+ LIVER TUMOR (S),CRYO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47382	PR ABLTJ 1/> LVR TUM PRQ RF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47383	PR ABLATION 1/> LIVER TUMOR PERQ CRYOABLATIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47399	PR LIVER SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47400	PR INCISION OF LIVER DUCT/EXPLOR, DRAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47420	PR INCIS BILE DUCT/EXPL,DR AIN,REMV CALC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47425	PR INCIS BILE DUCT/SPHINC, EXPL/RMV CALC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47460	PR INCISE BILE DUCT SPHINCTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47480	PR CHOLECYSTOS TOMY,OPEN EXPLOR/DRAIN/ REMV CALCULUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47490	PR CHOLECYSTOS TOMY,PERCUT ANEOUS, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47531	PR NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47532	PR NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47533	PR PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47534	PR PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47535	PR CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47536	PR EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47537	PR REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47538	PR PLMT BILE DUCT STENT PRQ EXISTING ACCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47539	PR PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47540	PR PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47541	PR PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47542	PR BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47543	PR ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47544	PR REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47550	PR BILE DUCT ENDOSCOPY,INTRAOPERATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47552	PR BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47553	PR BILIARY ENDOSCOPY PERCUT,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47554	PR BILIARY ENDOSCOPY,PERCUT,W/REM, STONE(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47555	PR BILIARY ENDOSCOPY PERCUT,DIL STRICT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47556	PR BILIARY ENDOSCOPY PERCUT,DIL +STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47562	PR LAP,CHOLECYSTECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47563	PR LAP,CHOLECYSTECTOMY/GRAPH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47564	PR LAP,CHOLECYSTECTOMY/EXPLORE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47570	PR LAP,CHOLECYSTOENTEROSTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47579	PR LAP,BILIARY TRACT,UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47600	PR REMOVAL GALLBLADDER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47605	PR REMV GALLBLADDER W CHOLANGIOGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47610	PR REMV GALLBLADDER, EXPLOR COMMON DUCT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47612	PR REMV GB,W CHOLEDOCHO ENTEROSTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47620	PR REMV GB,W TRANSDUOD SPHINCTEROT OMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
47700	PR EXPLOR CONG ATRESIA BILE DUCTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47701	PR BILE DUCT REVISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47711	PR EXCIS BILE DUCT TUMOR,EXTRA HEPATIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47712	PR EXCIS BILE DUCT TUMOR,INTRAH EPATIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47715	PR EXCISION CHOLEDOCHAL CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47720	PR CHOLECYSTOENTEROSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47721	PR CHOLECYSTOENTEROSTOMY +GASTROENTERO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47740	PR CHOLECYSTOENTEROSTOMY +ROUX-EN-Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47741	PR CHOLECYSTOENTER+ROUX-EN-Y +GASTROENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47760	PR ANAST EXTRAHEP DUCT TO GI TRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47765	PR ANAST INTRAHEP DUCT TO GI TRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47780	PR ANAST,ROUX-EN-Y,EXTRAHEP TO GI TRCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47785	PR ANAST,ROUX-EN-Y,INTRAHEP TO GI TRCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
47800	PR RECONSTR EXTRAHEP DUCTS,PLASTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47801	PR PLACEMENT, BILE DUCT STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47900	PR SUTURE EXTRAHEP BILE DUCT,INJURY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
47999	PR BILE TRACT SURG PROC, UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48000	PR PLACE DRAIN ABD FOR PANCREATITIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48001	PR PLACE DRAIN +OSTOMY FOR PANCREATITIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48020	PR REMOVAL OF PANCREATIC STONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48100	PR BIOPSY,PANCREAS,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
48102	PR NEEDLE BIOPSY OF PANCREAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48105	PR RESECT/DEBRIDE ACUTE NECROT PANCREAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
48120	PR EXCISION OF PANCREAS LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48140	PR PART REMV PANCREAS,DISTAL SUBTOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48145	PR PART REMV PANC,DIST +ANAST PANC-JEJU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48146	PR PANCREATECTOMY,DISTAL +PRESERV DUOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48148	PR EXCISION AMPULLA VATER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48150	PR PART REMV PANC,PROX +REMV DUOD +ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48152	PR PART REMV PANC,PROX +REMV DUOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48153	PR PART REMV PANC,PROX +PART DUOD +ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48154	PR PART REMV PANC,PROX +PART REMV DUOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48155	PR REMOVAL OF PANCREAS, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
48160	PR PANCREATECTOMY,W/AUTOLOGOUS TRANSPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48400	PR INJECT INTRAOPER OF PANCREAS, ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48500	PR MARSUPIALIZATION,CYST,PANCREAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48510	PR EXTERN DRAIN PANC PSEUDOCYST, OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48520	PR ANAST PANC CYST-BOWEL,DIRECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48540	PR ANAST PANC CYST-BOWEL,ROUX-EN-Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48545	PR PANCREATORRHAPHY,INJURY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48547	PR DUOD EXCLUS W/GASTROJEJUN,PANCREATIC INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48548	PR ANAST PANCREAS-JEJUNUM/SIDE-SIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48551	PR TRANSPLANT,PREP DONOR PANCREAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
48552	PR TRANSPLANT,PREP DONOR PANCREAS/VENOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48554	PR TRANSPLANT ALLOGRAFT PANCREAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
48999	PR PANCREAS SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49000	PR EXPLORATORY OF ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49002	PR REOPEN RECENT ABD EXPLORATORY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49010	PR EXPLORATORY RETROPERITONEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49013	PR PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49014	PR REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49020	PR DRAIN ABD ABSCESS OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49040	PR DRAIN SUBDIAPH/SUB PHR ABSCESS,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49060	PR DRAIN RETROPERITONEAL ABSCESS,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49062	PR DRAIN LYMPH-PERITONEAL CAVITY,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49082	PR ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49083	PR ABDOM PARACENTESIS DX/THER W IMAGING GUIDANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49084	PR PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49180	PR PERCUT BIOPSY, ABDOMINAL MASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
49185	PR SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49186	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL, PRIMARY OR SECONDARY TUMOR; 5 CM OR LESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
49187	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL, PRIMARY OR SECONDARY TUMOR;5.1 TO 10 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
49188	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL, PRIMARY OR SECONDARY TUMOR; 10.1 TO 20 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
49189	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
49190	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
49215	PR EXCISE PRESACRAL/SACRAL TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49250	PR EXCISION OF UMBILICUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49255	PR REMOVAL OF OMENTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49320	PR LAP,DIAGNOSTIC ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49321	PR LAP,DX SURGICAL ABD W/BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49322	PR LAP,ABDOMEN, ASPIRATE CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49323	PR LAP,ABDOMEN, DRAIN LYMPHOCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49324	PR LAP INSERTION TUNNELED INTRAPERITONEAL CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49325	PR LAP REVISE INTRAPERITONEAL CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49326	PR LAP OMENTOPEXY ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49327	PR LAP PLACE INTERSTIIAL DEVICE FOR RADIATION THERAPY W IMGING,1+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49329	PR LAP,ABD/PERIT/ OMENTUM,UNLI ST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49400	PR AIR/CONTRAST INJECT INTO ABDOMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49402	PR REMOVE PERITONEAL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49405	PR IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49406	PR IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49407	PR IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VA GINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49411	PR INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49412	PR PLACE INTERST RAD THER GUIDE, INTRAABD/INTR APELV/RETROP ER,1+,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49418	PR INSJ INTRAPERITONEAL CATHETER W/IMG GUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49419	PR INSERTION TUNNEL INTRAPERITONEAL CATH W SUBQ PORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49421	PR INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49422	PR REMOVAL TUNNELED INTRAPERITONEAL CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49423	PR DRAINAGE CATHETER EXCHANGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49424	PR CONTRAST INJ,ABSCESS/CYST VIA CATH TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49425	PR INSERT ABDOMEN-VENOUS SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49426	PR REVISE ABDOMEN-VENOUS SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49427	PR INJECT ABDOMINAL-VENOUS SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49428	PR LIGATION OF ABD-VENOUS SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49429	PR REMOVAL OF ABD-VENOUS SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49435	PR INSERT SUBQ EXTENSION INTRAPERITONEAL CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49436	PR CREATE EXIT SITE INTRAPERITONEAL CATH, DELAYED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49440	PR INSERT GASTROSTOMY TUBE PERCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49441	PR INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49442	PR INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49446	PR CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49450	PR REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49451	PR REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49452	PR REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
49460	PR OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49491	REPAIR ING HERNIA,PRETERM INFANT,REDUC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49492	REPAIR ING HERNIA,PRETERM INFANT,INCARC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49495	REPAIR ING HERNIA,FULL/PRETERM INF,REDUC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49496	REPAIR ING HERNIA,<6MO,STRANG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49500	REPAIR ING HERNIA,6MO-5YR,REDUC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49501	PR REPAIR ING HERNIA,6MO-5YR,STRANG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49505	PR REPAIR ING HERNIA,5+Y/O, REDUCIBL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49507	PR REPAIR ING HERNIA,5+Y/O, STRANG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49520	PR REPAIR RECURR INGUIN HERN,REDUCIBL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49521	PR REPAIR RECURR INGUIN HERN,STRANG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49525	PR REPAIR SLIDING INGUINAL HERNIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49540	PR REPAIR LUMBAR HERNIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49550	PR REPAIR FEMORAL HERNIA,REDUCIBLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49553	PR REPAIR FEMORAL HERNIA,STRANG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49555	PR REPAIR RECURR FEMORAL HERNIA,REDUC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49557	PR REPAIR RECURR FEMORAL HERNIA,STRANG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49591	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49591	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49592	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49592	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49593	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49593	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49594	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49594	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49595	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49595	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49596	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49596	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MES	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49600	PR REPAIR SMALL OMPHALOCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49605	PR REPAIR LARGE OMPHALOCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49606	PR REPAIR LARGE OMPHALOCELE ,FINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49610	PR REPAIR OMPHALOCELE ,FIRST STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49611	PR REPAIR OMPHALOCELE ,SECOND STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49613	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49613	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49614	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49614	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49615	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49615	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49616	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49616	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49617	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49617	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49618	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 6 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49618	PR REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF M	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 6 YEARS OF AGE AND OLDER.	MD GUIDELINE 1 (Umbilical Hernia Repair): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Umbilical-Hernia-Repair.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2023
49621	PR REPAIR OF PARASTOMAL HERNIA, ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL OR RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS, WHEN PERFORMED; REDUCIBLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49622	PR REPAIR OF PARASTOMAL HERNIA, ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL OR RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS, WHEN PERFORMED; INCARCERATED OR STR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49623	PR REMOVAL OF TOTAL OR NEAR TOTAL NON-INFECTED MESH OR OTHER PROSTHESIS AT THE TIME OF INITIAL OR RECURRENT ANTERIOR ABDOMINAL HERNIA REPAIR OR PARASTOMAL HERNIA REPAIR, ANY APPROACH (IE, O	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49650	PR LAP,INGUINAL HERNIA REPR,INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
49651	PR LAP,INGUINAL HERNIA REPR,RECUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
49659	PR LAP,HERNIA REPAIR PROC,UNLIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49900	PR SUTURE ABD WALL-DEHIS/EVISCER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49904	PR OMENTAL FLAP,EXTRA-ABDOMINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49905	PR OMENTAL FLAP,INTRA-ABDOMINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49906	PR FREE OMENTAL FLAP,MICROVASC ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
49999	PR ABDOMEN SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50010	PR EXPLORATION OF KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50020	PR DRAINAGE OF KIDNEY ABSCESS,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50040	PR DRAINAGE OF KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50045	PR EXPLORATION OF KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50060	PR REMOVAL OF KIDNEY STONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50065	PR REMV KID STONE,XTRA SURG OPERATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50070	PR REMV KID STONE,CONGEN ANOMALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50075	PR REMV KIDNEY STONE,STAGHORN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50080	PR PERCUT REMV KID STONE,UP TO 2 CM IN SINGLE LOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50081	PR PERCUT REMV KID STONE,2+ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50100	PR REVISE KIDNEY BLOOD VESSELS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50120	PR EXPLOR RENAL PELVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50125	PR EXPLOR/DRAIN RENAL PELVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50130	PR EXPLOR/REMV STONE,RENAL PELVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50200	PR RENAL BIOPSY PRQ TROCAR/NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
50205	PR BIOPSY OF KIDNEY,OPEN EXPOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
50220	PR REMV KIDNEY,W/RIB RESECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50225	PR REMV KIDNEY,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50230	PR REMV KIDNEY,RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50234	PR REMV KIDNEY/URETER,SAME INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50236	PR REMV KIDNEY/URETER,SEPAR INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50240	PR PARTIAL REMOVAL OF KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50250	PR OPEN ABLATION RENAL MASS CRYOSURGICAL, ULTRASOUND GUIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50280	PR EXCIS/UNROOF RENAL CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50290	PR EXCIS/UNROOF PERIRENAL CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50323	PR TRANSPLANT,PREP CADAVER RENAL GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50325	PR TRANSPLANT,PREP LIVING RENAL GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50327	PR TRANSPLANT,PREP RENAL GRAFT/VENOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50328	PR TRANSPLANT,PREP RENAL GRAFT/ARTERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50329	PR TRANSPLANT,PREP RENAL GRAFT/URETERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50340	PR REMOVAL OF RECIPIENT KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50360	PR TRANSPLANTATION OF KIDNEY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
50365	PR TRANSPLANT KIDNEY+RECIP NEPHREC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
50370	PR REMOVE TRANSPLANTED KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50380	PR REIMPLANTATION OF KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50382	PR RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50384	PR REMOVAL INDWELLING URETERAL STENT PRQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50385	PR REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50386	PR REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50387	PR RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50389	PR REMOVE RENAL TUBE W/FLUORO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50390	PR PERCUT DRAIN/INJECT RENAL CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50391	PR INSTLL RX AGNT INTO RNAL TUB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50396	PR MEASURE KIDNEY PRESSURE THRU TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50400	PR REVISION RENAL PELVIS,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50405	PR REVISION RENAL PELVIS,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50430	PR NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50431	PR NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50432	PR PLMT NEPHROSTOM Y CATH PRQ NEW ACCESS RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50433	PR PLMT NEPHROURETE RAL CATH PRQ NEW ACCESS RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50434	PR CONVERT NEPHROSTOM Y CATH TO NEPHROURTRL CATH PRQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50435	PR EXCHANGE NEPHROSTOM Y CATHETER PRQ W/IMG GID RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50436	PR PERQ DILATION XST TRC ENDOUROLOGI C PX W/IMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50437	PR PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50500	PR REPAIR OF KIDNEY WOUND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50520	PR CLOSE KIDNEY-SKIN FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50525	PR REPAIR RENAL-ABD FISTULA,ABDOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50526	PR REPAIR RENAL-ABD FISTULA,THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50540	PR REVISION OF HORSESHOE KIDNEY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50541	PR LAP,ABLATION OF RENAL CYSTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50542	PR LAP,ABLATION, RENAL MASS LESION(S), ULTRASOUND GUIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50543	PR LAP,PARTIAL NEPHRECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50544	PR LAP,PYELOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50545	PR LAP, RADICAL NEPHRECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50546	PR NEPHRECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50548	PR NEPHRECTOMY, W/PART. URETECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50549	PR LAP,RENAL PROCEDURE,UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50551	PR RENAL ENDOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50553	PR RENAL ENDOSCOPY,CATH URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50555	PR RENAL ENDOSCOPY,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50557	PR RENAL ENDOSCOPY,TREATMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50561	PR RENAL ENDOSCOPY,REMV FB/STONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50562	PR RENAL SCOPE,W/RESECTION,TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50570	PR RENAL SCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50572	PR RENAL SCOPE,CATH URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50574	PR RENAL SCOPE,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50575	PR RENAL SCOPE,ENDOPYELOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50576	PR RENAL SCOPE,FULAUR/INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50580	PR RENAL SCOPE,REMV FB/STONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50590	PR FRAGMENT KIDNEY STONE/ESWL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
50592	PR ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50593	PR ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50600	PR EXPLORATION OF URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50605	PR URETEROTOMY TO INSERT STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50606	PR ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50610	PR URETEROLITHOTOMY,UPPER 1/3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50620	PR URETEROLITHOTOMY,MIDDLE 1/3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50630	PR URETEROLITHOTOMY,LOWER 1/3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50650	PR REMOVAL URETER,BLADDER CUFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50660	PR REMOVAL URETER,TOTAL ,ECTOPIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50684	PR INJECT INDWELL CATH,URETER X-RAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50686	PR MEASURE URETER PRESS,INDWEL L CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50688	PR CHANGE OF URETEROSTOMY TUBE VIA ILEAL CONDUIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50690	PR INJECT RETROGRADE/ CONDUIT X-RAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50693	PR PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50694	PR PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50695	PR PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50700	PR URETEROPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50705	PR URETERAL EMBOLIZATION/ OCCLUSION W/IMG GID RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50706	PR BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50715	PR RELEASE URETER,RETR OPER FIBROSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50722	PR RELEASE URETER,OVARIAN VEIN SYND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50725	PR RELEASE URETER,RETROCAVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50727	PR REVISE URINARY-CUTAN ANAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50728	PR REVISE URINARY-CUTAN ANAST +REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50740	PR ANASTOMOSE URETER/RENAL PELVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50750	PR ANASTOMOSE URETER/RENAL CALYX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50760	PR ANASTOMSIS OF URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50770	PR ANASTOMSIS OPPOSITE URETERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50780	PR REIMPLANT URETER,SINGLE URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50782	PR REIMPLANT URETER,DUPLICATED URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50783	PR REIMPLANT URETER,EXTENSIVE TAILORING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50785	PR REIMPLANT URETER,VESIC OPSOAS HITCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50800	PR IMPLANT URETER IN BOWEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50810	PR URETEROSIGM OIDOSTOMY,C REAT,SIG BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50815	PR URETEROCOLO N CONDUIT,W/BO WEL ANASTOMOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50820	PR URETEROILEAL CONDUIT,W/BO WEL ANASTOMOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50825	PR CONTINENT DIVERSION,W/B OWEL ANASTOMOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50830	PR URINARY UN-DIVERSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50840	PR REPLACEMENT ,URETER,BOWE L SEGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50845	PR APPENDICO-VESICOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50860	PR TRANSPLANT URETER TO SKIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50900	PR REPAIR OF URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50920	PR CLOSURE URETER/SKIN FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50930	PR CLOSURE URETER/BOWEL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50940	PR RELEASE OF URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50945	PR LAP,URETEROLITHOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50947	PR LAP,REIMPLANT URETER W/CYSTO,STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50948	PR LAP,REIMPLANT URETER W/O CYSTO,STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50949	PR UNLISTED LAPAROSCOPY PROC, URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50951	PR URETER ENDOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
50953	PR URETER ENDOSCOPY,W URETERAL CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50955	PR URETER ENDOSCOPY,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50957	PR URETER ENDOSCOPY,FULGUR/INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50961	PR URETER ENDOSCOPY,REMV CALCULUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50970	PR URETER ENDOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50972	PR URETER ENDOSCOPY,W URETERAL CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50974	PR URETER ENDOSCOPY,BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50976	PR URETER ENDOSCOPY,FULGUR/INCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
50980	PR URETER ENDOSCOPY,REMV CALCULUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51020	PR INCISE/FULGUR LESN BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
51040	PR INCISE/DRAIN BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51045	PR INCISE BLADDER, +URETER CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51050	PR OPEN BLADDER,REM V CALCULUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51060	PR TRANSVESICAL URETEROLITH OTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51065	PR CYSTOTOMY,E XTRACT &/OR FRAG URETER CALC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51080	PR DRAIN PERI-BLADDER ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51100	PR ASPIRATION BLADDER NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51101	PR ASPIRATION BLADDER TROCAR/INTRA CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51102	PR ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51500	PR REMOVAL URACHAL CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
51520	PR CYSTOTOMY,EXCIS VESICAL NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51525	PR CYSTOTOMY,EXCIS BLADDER TIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51530	PR CYSTOTOMY,EXCIS BLADDER TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51535	PR CYSTOTOMY,REPAIR URETEROCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51550	PR PART REMV BLADDER,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51555	PR PART REMV BLADDER,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51565	PR PART REMV BLADDER,REIMPLNT URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51570	PR REMV BLADDER,TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51575	PR REMV BLADDER/NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51580	PR REMV BLADDER,REVISE TRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
51585	PR REMV BLADDER/NODES,REVIS TRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51590	PR CYSTECTOMY,ILEAL CONDUIT/SIGMOID BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51595	PR REMV BLADDER/NODES,ILEAL CONDUIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51596	PR CYSTECTOMY, W/CONTINENT DIVERSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51597	PR PELVIC EXENTERATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51600	PR INJECTION FOR BLADDER X-RAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
51605	PR INJECT/PLACE CHAIN,BLADDER XRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
51610	PR INJECT FOR RETROGRADE URETHOCYSTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
51700	PR IRRIGATION OF BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51701	PR INSERT,NON-INDWELLING BLADDER CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
51702	PR INSERT,TEMP INDWELLING BLAD CATH,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51703	PR INSERT,TEMP INDWELLING BLAD CATH,COMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51705	PR CHANGE OF BLADDER TUBE,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51710	PR CHANGE OF BLADDER TUBE,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51715	PR ENDOSCOPIC INJECTION/IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51720	PR INSTILL ANTICANCER AGENT IN BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51725	PR SIMPLE CYSTOMETROGRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51726	PR COMPLEX CYSTOMETROGRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51727	PR COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
51728	CYSTOMETROGRAM W / VP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51729	PR COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51736	PR URINE FLOW MEASUREMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51741	PR ELECTRO-UROFLOWMETRY, FIRST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51784	PR ANAL/URINARY MUSCLE STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51785	PR ANAL/URINARY MUSCLE STUDY,NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51792	PR URINARY REFLEX STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51797	VOIDING PRESS STUDY INTRA-ABDOMINAL VOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
51798	PR MEAS,POST-VOID RES,US,NON-IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
51800	PR REVISION OF BLADDER/URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51820	PR REVISE BLAADER/URETHRA+URETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51840	PR ANTER VESICOURETHROPEXY,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51841	PR ANTER VESICOURETHROPEXY,COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51845	PR ABD-VAGINAL VESICAL NECK SUSPENSN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51860	PR REPAIR BLADDER WOUND/INJ,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51865	PR REPAIR BLADDER WOUND/INJ,COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51880	PR CLOSE CYSTOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51900	PR CLOSE BLADDER/VAGINA FISTULA,ABDOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51920	PR CLOSE BLADDER/UTERUS FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
51925	PR CLOSE BLAD/UTERINE FIST +HYSTERECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51940	PR CLOSURE,BLADDER EXSTROPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51960	PR ENTEROCYSTOPLASTY,W/BOWEL ANASTOMOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51980	PR CONSTRUCT BLADDER OPENING-CUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51990	PR LAP,URETHRAL SUSPENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51992	PR LAP,SLING OPERATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
51999	PR LAP PROCEDURE, UNLISTED, BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
52000	PR CYSTOURETHROSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52001	PR CYSTOURETHROSCOPY W/IRRIG & EVAC CLOTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
52005	PR CYSTOURETHROSCOPY,URETER CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52007	PR CYSTOURETHROSCOPY,URETERAL BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52010	PR CYSTOURETHROSCOPY,EJACDUCT CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52204	PR CYSTOURETHROSCOPY,BIOPSIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52214	PR CYSTOURETHROSCOPY,FULGURATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52224	PR CYSTOURETHROSCOPY,FULGUR <.5CM LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52234	PR CYSTOURETHROSCOPY,FULGUR .5-2CM LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52235	PR CYSTOURETHROSCOPY,FULGUR 2-5CM LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52240	PR CYSTOURETHROSCOPY,FULGUR >5CM LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52250	PR CYSTOURETHROSCOPY,INSERT RADIOACTIV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
52260	PR CYSTOSCOPY, DIL BLADDER,GEN ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52265	PR CYSTOSCOPY, DIL BLADDER,LOCAL ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52270	PR CYSTOSCOPY,INTERN URETHROTOMY,FEMALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52275	PR CYSTOSCOPY,INTERN URETHROTOMY,MALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52276	PR CYSTOSCOPY, DIR VIS INT URETHROTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52277	PR CYSTOSCOPY, RESEC EXTERN SPHINCTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52281	PR CYSTOSCOPY, DIL URETHRAL STRICTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52282	PR CYSTOSCOPY,INSERT URETHRAL STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52283	PR CYSTOSCOPY, STEROID INJ,STRICTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
52284	CYSTO W/DILAT RX BALO CATH URTL STRIX/STEN MALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52285	PR CYSTOSCOPY, RX FEMALE URETHRAL SYND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52287	PR CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52290	PR CYSTOSCOPY, URETERAL MEATOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52300	PR CYSTOSCOPY, RESECT ORTHO URETEROCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52301	PR CYSTOSCOPY, RESECT ECTOPIC URETEROCEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52305	PR CYSTOSCOPY,INCIS OPEN BLAD TIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52310	PR CYSTOSCOPY, REMV CALCULUS,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
52315	PR CYSTOSCOPY, REMV CALCULUS,COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52317	PR REMOVE BLADDER STONE,<2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52318	PR REMOVE BLADDER STONE,>2.5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52320	PR CYSTOSCOPY, REMV URETERAL STONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52325	PR CYSTOSCOPY, FRAGMT URETERAL STONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52327	PR CYSTOSCOPY,INJECT IMPLNT MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52330	PR CYSTOSCOPY, MANIPULATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52332	PR CYSTOSCOPY,INSERT URETERAL STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52334	PR CYSTOSCOPY, GUIDE,PERCUT NEPHROS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
52341	PR CYSTOSCOPY, TX URETERAL STRICTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52342	PR CYSTOSCOPY, TX URETEROPELVC STRICTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52343	PR CYSTOSCOPY, TX INTRARENAL STRICTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52344	PR CYSTO/URETEROSCOPY,TX URETER STRICT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52345	PR CYSTO/URETEROSCOPY,TX URET/PELV STRICT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52346	PR CYSTO/URETEROSCOPY,TX INTRARENAL STRICT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52351	PR CYSTO/URETERO/PYELOSCOPY, DX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52352	PR CYSTO/URETERO/PYELOSCOPY, CALCULUS TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
52353	PR CYSTO/URETERO/PYELOSCOPY W/LITHOTRIPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52354	PR CYSTO/URETERO/PYELOSC,BX &/OR FULG LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52355	PR CYSTO/URETERO/PYELOSCOPY,W/RESECT TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52356	PR CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
52400	PR CYSTOSCOPY, RESEC CONGEN MUCOSAL FOLDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
52441	PR CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
52442	PR CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
52450	PR TRANSURETHRAL INCISION OF PROSTATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
52500	PR TRANSURETHRAL RESEC BLADDER NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
52601	PR TRANSURETHRAL ELEC-SURG PROSTATECTOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
52630	PR REMV RESID OBSTRUC PROSTATE,>1 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
52640	PR RELIEVE POSTOP BLADDER CONTRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
52647	PR LASER COAGULATION SURGERY PROSTATE, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
52648	PR LASER VAPORIZATION SURGERY PROSTATE, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
52649	PR LASER ENUCLEATION PROSTATE W MORCELLATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
52700	PR DRAINAGE OF PROSTATE ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
53000	PR INCISION OF URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53010	PR INCISION OF URETHRA,PERINEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53020	PR INCISION OF URETHRAL MEATUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
53025	PR INCISION OF URETHRAL MEATUS,INFANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53040	PR DRAINAGE DEEP URETHRAL ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53060	PR DRAINAGE SKENES GLAND ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53080	PR DRAIN PERINEAL URIN LEAK,UNCOMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53085	PR DRAIN PERINEAL URIN LEAK,COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53200	PR BIOPSY OF URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
53210	PR REMOVAL OF URETHRA,FEMALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
53215	PR REMOVAL OF URETHRA,MALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53220	PR EXCIS CANCER URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53230	PR EXCIS URETHRAL TIC,FEMALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53235	PR EXCIS URETHRAL TIC,MALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53240	PR MARSUP URETHRAL TIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53250	PR EXCIS URETHRAL GLAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53260	PR EXCIS URETHRAL POLYP(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53265	PR EXCIS URETHRAL CARUNCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53270	PR EXCIS SKENE'S GLANDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53275	PR EXCIS URETHRAL PROLAPSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
53400	PR REVISE URETHRA, 1ST STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53405	PR REVISE URETHRA, 2ND STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53410	PR RECONSTRUC ANT MALE URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53415	PR RECONSTRUC PROSTATIC URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53420	PR RECONSTRUC PROS URETHRA,1ST STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53425	PR RECONSTRUC PROS URETHRA,2ND STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53430	PR RECONSTRUC FEMALE URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53431	PR URETHROPLASTY,W/TUBULARIZATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53440	PR SLING OPERATION,CORRECTION,MALE INCONT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53442	PR REVISION OF SLING FOR MALE INCONT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
53444	PR INSERTION TANDEM CUFF (DUAL)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53445	PR INSERT,INFLATABLE SPHINCTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53446	PR REMOVAL,INFLATABLE SPHINCTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53447	PR REMOVAL & REPLACE,INFLATABLE SPHINCTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
53448	PR REMOV & REPLACE INFLAT SPHINCTER,INFECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53449	PR REPAIR,INFLATABLE SPHINCTER DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53450	PR URETHRAL MEATAL REVISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53460	PR URETHROPLASTY,EXCIS DIST URETHRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53500	PR URETHRLYS, TRANSVAG W/ SCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53502	PR REPAIR URETHRA INJURY,FEMALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
53505	PR REPAIR URETHRA INJURY,PENILE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53510	PR REPAIR URETHRA INJ,PENILE,PERINEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53515	PR REPAIR URETHRA INJ,PENILE,PROSTATC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53520	PR CLOSE URETHROSTOMY/FISTULA,MALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53600	PR DIL URETHRA STRIC,MALE,INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53601	PR DIL URETHRA STRIC,MALE,SUBSEQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53605	PR DIL URETHRA STRIC,MALE,GEN ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53620	PR DIL URET STRIC,MALE,INIT,FILIFORM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53621	PR DIL URET STRIC,MALE,SUBSEQ,FILIFORM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53660	PR DIL URETHRA,FEMALE,INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
53661	PR DIL URETHRA,FEMALE,SUBSEQUENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53665	PR DIL URETHRA,GEN/SPINAL ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
53850	PR PROSTATIC MICROWAVE THERMOTX	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
53852	PR PROSTATIC RADIOFREQ THERMOTX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
53854	PR TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
53855	PR INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
53899	PR UROLOGY SURGERY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54000	PR SLITTING OF PREPUCE,NEWBORN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54001	PR SLITTING OF PREPUCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54015	PR INCIS/DRAIN PENIS,DEEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54050	PR DESTR PENIS LESN,SIMPL,CHEMICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
54055	PR DESTR PENIS LESN,SIMPL,ELEC-DESSIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
54056	PR DESTR PENIS LESN,SIMPL,CRYOSURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
54057	PR DESTR PENIS LESN,SIMPL,LASER SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54060	PR DESTR PENIS LESN,SIMPL,SURG EXCIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
54065	PR DESTR PENIS LESN,EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
54100	PR BX,PENIS (SEPARATE PROCEDURE)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
54105	PR BIOPSY OF PENIS,DEEP STRUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54110	PR EXCIS PENILE PLAQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
54111	PR EXCIS PENILE PLAQUE,GRAFT <5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
54112	PR EXCIS PENILE PLAQUE,GRAFT >5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
54115	PR REMV FOR.BODY DEEP PENILE TISS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
54120	PR REMOVAL PENIS,PARTIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54125	PR REMOVAL PENIS,TOTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54130	PR REMOVAL PENIS,RADICAL +NODES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54135	PR REMOVAL PENIS,RAD +EXTENSV NODES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54150	PR CIRCUMCISION, CLAMP,OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 1 YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54150	PR CIRCUMCISION, CLAMP,OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR 1 YEAR OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54160	PR CIRCUMCISION, OTHER,<28 D/O	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR 1 YEAR OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54160	PR CIRCUMCISION, OTHER,<28 D/O	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 1 YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54161	PR CIRCUMCISION, OTHER,28+ D/O	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 1 YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54161	PR CIRCUMCISION, OTHER,28+ D/O	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR 1 YEAR OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54162	PR LYSIS/EXCIS,PENILE POSTCIRCUM ADHESIONS	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR 1 YEAR OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54162	PR LYSIS/EXCIS,PENILE POSTCIRCUM ADHESIONS	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 1 YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54163	PR REPAIR,INCOMPLETE CIRCUMCISION	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 1 YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54163	PR REPAIR,INCOMPLETE CIRCUMCISION	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR 1 YEAR OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54164	PR FRENULOTOMY,PENIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
54200	PR INJECT PROC PENILE PLAQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54205	PR INJECT PENILE PLAQUE+SURG EXPOSURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54220	PR IRRIGAT CORPUS CAVERN,PRIAPISM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54230	PR INJECT CORPORA CAVERN XRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54231	PR DYNAMIC CAVERNOSOMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54235	PR INJECT CORPORA CAVERN,PHARM AGNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54250	PR NOCTURN PENILE RIGIDITY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54300	PR STRAIGHTEN PENIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54304	PR HYPOSPADIUS REPAIR,1ST STAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54308	PR HYPOSPADIUS REPAIR,2ND STAGE,<3CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54312	PR HYPOSPADIUS REPAIR,2ND STAGE,>3CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54316	PR HYPOSPAD REPR,2ND STAGE,FREE GRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54318	PR HYPOSPAD REPAIR,3RD STAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54322	PR HYPOSPAD REPAIR,1 STAGE,DISTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54324	PR HYPOSPAD REPAIR,1 STAGE,DIST,PLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54326	PR HYPOSPAD REPAIR,1 STAGE,DIST,PLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54328	PR HYPOSPAD REPR,1 STAGE,DIST,EXTENSV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54332	PR HYPOSPAD REPR,1 STAGE,PROX,EXTENSV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54336	PR HYPOSPAD REPR,1 STAGE,PERINEAL,EXTEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54340	PR RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54344	PR RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54348	PR RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54352	PR REVISION PRIOR HYPOSPADIAS REPAIR DSJ&EXC RCNSTJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54360	PR PENIS PLASTIC SURG,CORRECT ANGULATN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54380	PR REPAIR PENIS,EPISPADIUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54385	PR REPAIR PENIS,EPISPADIUS+INCONTIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54390	PR REPAIR PENIS,EPISPAD +EXSTROPHY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54406	PR REMVL,INFLAT PENILE PROSTH W/O REPLACMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54415	PR REMOVAL,PENILE PROSTHESIS W/O REPLACMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54420	PR CORPORA-SAPHEN VEIN SHUNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54430	PR CORPORA CAVER-SPONGIOSA SHUNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54435	PR CORPORA-GLANS FISTULIZATN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54437	PR REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54440	PR REPAIR PENIS POST INJURY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
54450	PR PREPUTIAL STRETCHING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54500	PR BIOPSY OF TESTIS,NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54505	PR BIOPSY OF TESTIS,INCISIONAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54512	PR EXCIS TESTIS EXTRAPARENCHYMAL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54520	PR REMOVAL TESTIS,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54522	PR REMOVAL TESTIS, PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54530	PR REMOVAL TESTIS,RADICAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54535	PR REMOVAL TESTIS,RADICAL+ABD EXPLOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54550	PR EXPLORE UNDESC TESTIS,INGUIN/SCROTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
54560	PR EXPLORE UNDESC TESTIS,ABDOMINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54600	PR REDUCE TESTIS TORSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54620	PR FIXATN OF TESTIS OPP TORSN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54640	PR ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54650	PR ORCHIOPEXY,ABD APPRCH,ABD TESTIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54660	PR INSERT TESTICULAR PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54670	PR REPAIR TESTIS INJURY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54680	PR RELOCATION OF TESTIS(ES)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54690	PR LAP,ORCHIECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54692	PR LAP,ORCHIOPEXY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
54699	PR LAP,TESTIS PROCEDURE,UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54700	PR INCIS/DRAIN SCROTUM/TESTIS,EPIDIDYM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54800	PR BIOPSY OF EPIDIDYMIS,NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
54830	PR EXCIS EPIDIDYMIS LOCAL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54840	PR EXCIS SPERMATOCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54860	PR REMOVAL OF EPIDIDYMIS,UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
54861	PR REMOVAL OF EPIDIDYMIS,BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
54865	PR EXPLORATION OF EPIDIDYMIS W/WO BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55000	PR DRAINAGE OF HYDROCELE,TUNICA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55040	PR REMOVAL OF HYDROCELE,TUNICA,UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55041	PR REMOVAL OF HYDROCELE,TUNICA,BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55060	PR REPAIR OF HYDROCELE,TUNICA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55100	PR DRAINAGE SCROTAL WALL ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55110	PR EXPLORE SCROTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55120	PR REMOVAL OF SCROTAL FOR.BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55150	PR REMOVAL OF SCROTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
55175	PR REVISION OF SCROTUM,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55180	PR REVISION OF SCROTUM,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55250	PR REMOVAL OF SPERM DUCT(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2021
55500	PR REMV HYDROCELE,SPERM CORD,UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55520	PR REMOVAL OF SPERM CORD LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55530	PR EXCISE VARICOCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55535	PR EXCISE VARICOCELE,ABD APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55540	PR EXCIS VARICOCEL,ABD APRCH+FIX HERNIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55550	PR LAP,LIGATION SPERMATIC VEINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55559	PR LAP,SPERMATIC CORD PROC,UNLIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
55600	PR INCISE SEMINAL VESICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55605	PR INCISE SEMINAL VESICLE,COMPLICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55650	PR EXCISE DEMINAL VESICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55680	PR EXCISE MULLERIAN DUCT CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55700	PR BIOPSY OF PROSTATE,NEEDLE/PUNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
55705	PR BIOPSY OF PROSTATE,INCISIONAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
55706	PR BIOPSY OF PROSTATE,NEEDLE,TRANSPERINEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
55720	PR EXTERN DRAIN PROSTATE ABSC,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55725	PR EXTERN DRAIN PROSTATE ABSC,COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55801	PR REMV PROSTATE,PERINEAL,SUBTOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
55810	PR REMV PROSTATE,PERINEAL,RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55812	PR REMV PROSTATE,PERINEAL,RAD,LTD NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55815	PR REMV PROSTATE,PERINEAL,RAD,TOT NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55821	PR REMV PROSTATE,SUPRAPUBIC,SUBTOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55831	PR REMV PROSTATE,RETROPUBIC,SUBTOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55840	PR REMV PROSTATE,RETROPUB,RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55842	PR REMV PROSTATE,RETROPUB,RAD,LTD NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55845	PR REMV PROSTATE,RETROPUB,RAD,TOT NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55860	PR SURG EXPOS,PROSTATE,RADIOACTIV INSRT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55862	PR SURG EXPOS,PROS,ISOTOPE,LTD NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
55865	PR SURG EXPOS,PROS,ISOTOPE,TOT NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55866	PR LAP,PROSTATECTOMY,RADICAL,W/NERVE SPARE,INCL ROBOTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55867	PR LAPAROSCOPY, SURGICAL PROSTATECTOMY, SIMPLE SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY),	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
55874	PR TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55875	PR PERCUT/NEEDLE INSERT,PROSTATE,RADIOISOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
55876	PR PLACE RADIOTHER DEVICE/MARKER, PROSTATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55899	PR GENITAL SURG PROC,MALE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
55970	PR SEX TRANSFORMATION, M TO F	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	12/30/2020
55980	PR SEX TRANSFORMATION, F TO M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	12/30/2020
56405	PR I&D OF VULVA/PERINEUM ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
56420	PR I&D BARTHOLIN GLAND ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
56440	PR MARSUP BARTHOLIN GLAND CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
56441	PR LYSIS OF LABIAL LESION (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56442	PR HYMENOTOMY, SIMPLE INCISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56501	PR DESTRUCTION, LESION (S),VULVA,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
56515	PR DESTRUCTION, LESION (S),VULVA;EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
56605	PR BIOPSY VULVA/PERINEUM,ONE LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
56606	PR BX,VULVA/PERINEUM,ADDL LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
56620	PR PART SIMPLE REMV VULVA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56625	PR COMPLETE SIMPLE REMV VULVA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56630	PR VULVA RESECT,RADICAL,PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
56631	PR VULVA RESECT,RAD,PART,UNI NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56632	PR VULVA RESECT,RAD,PART,BILAT NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56633	PR VULVA RESECT,RAD,TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56634	PR VULVA RESECT,RAD,TOTAL,UNI NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56637	PR VULVA RESECT,RAD,TOTAL,BILAT NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56640	PR VULVA RESECT,RAD,TOTAL+TOTL NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56700	PR PARTIAL REMOVAL OF HYMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56740	PR EXCIS BARTHOLIN GLAND/CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56800	PR REPAIR OF VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
56805	PR REPAIR CLITORIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
56810	PR REPAIR OF PERINEUM,NON OBSTETRICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
56820	PR COLPOSCOPY, VULVA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
56821	PR COLPOSCOPY, VULVA,W/BIOPSY(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57000	PR EXPLORATION OF VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57010	PR EXPLOR VAGINA/DRAIN PELVIC ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57020	PR DRAINAGE OF PELVIC FLUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57022	PR I&D VAGINAL HEMATOMA,OBSTET/POSTPART	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57023	PR I&D VAGINAL HEMATOMA, NON-OB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57061	PR DESTRUCT,VAGINAL LESION (S),SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57065	PR DESTRUCT,VAGINAL LESION (S),EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57100	PR BIOPSY OF VAGINA,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
57105	PR BIOPSY OF VAGINA,EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
57106	PR REMOVE VAGINA WALL, PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57107	PR REMOVE VAGINA TISSUE/PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57109	PR VAGINECTOMY PARTIAL W/NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57110	PR COMPLETE REMOVAL OF VAGINA WALL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57111	PR REMOVE VAGINA TISSUE/COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57120	PR CLOSURE OF VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57130	PR EXCIS VAGINAL SEPTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57135	PR EXCIS VAGINAL CYST/TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57150	PR TREAT VAGINA INFECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57155	PR INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57156	PR INSERT VAGINAL RADIATION DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
57160	PR FIT/INSERT INTRAVAG SUPPORT DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57170	PR FITTING OF DIAPHRAGM/CAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57170	PR FITTING OF DIAPHRAGM/CAP	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57170	PR FITTING OF DIAPHRAGM/CAP	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025
57180	PR TREAT VAGINAL BLEEDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57200	PR REPAIR OF VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57210	PR REPAIR VAGINA/PERINEUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57220	PR REVISION OF URETHRA SPHINCTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57230	PR REPAIR OF URETHROCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57240	PR ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57250	PR POST COLPORRHAPHY,RECTUM/VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57260	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57265	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57267	PR INSERT MESH/PELVIC FLR ADDON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57268	PR REPAIR ENTEROCELE,VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57270	PR REPAIR ENTEROCELE,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57280	PR SUSPENSION OF VAGINA,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57282	PR REPR VAGINAL PROLAPSE,SACROSP LIG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57283	PR REPR VAGINAL PROLAPSE,UTEROSACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57285	PR PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57287	PR REMV/REVS SLING FOR STRES INCONTINENCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57288	PR SLING OPER STRES INCONTINENCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57289	PR PEREYA PROC+ANTER COLPORRHAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57291	PR CONSTRUCTION ARTIFIC VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
57292	PR CONSTRUCT ARTIFIC VAGINA W GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
57295	PR REVISION VAGINAL GRAFT, VAG APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57296	PR REVISION VAGINAL GRAFT, ABD APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57300	PR REPAIR RECTO-VAG FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57305	PR REPAIR RECTO-VAG FISTULA,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57307	PR REPR REC-VAG FIST,ABD +COLOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57308	PR XPERINEAL CLOS RECTOVAG FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57310	PR CLOSE URETHROVAGINAL FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57311	PR CLOSE URETHROVAGINAL FIST +XPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57320	PR CLOSE BLAD-VAG FISTULA,VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57330	PR CLOSE BLAD-VAG FIST,XVESC +VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57335	PR REVISE VAGINA FOR INTERSEC STATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
57400	PR DILATION OF VAGINA W ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57410	PR PELVIC EXAMINATION W ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57415	PR REMOVAL VAGINAL FOR.BODY W ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
57420	PR COLPOSCOPY, ENTIRE VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57421	PR COLPOSCOPY, ENTIRE VAGINA,W/BIOPSY(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57423	PR PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57425	PR LAPAROSCOPY, SURG, COLPOPEXY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57426	PR REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
57452	PR COLPOSCOPY, CERVIX W/ADJ VAGINA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57452	PR COLPOSCOPY, CERVIX W/ADJ VAGINA	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A CHILD ABUSE PEDIATRICS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57452	PR COLPOSCOPY, CERVIX W/ADJ VAGINA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A CHILD ABUSE PEDIATRIC EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
57454	PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRETAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57455	PR COLPOSCOPY, CERVIX W/ADJ VAGINA,W/BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57456	PR COLPOSCOPY, CERVIX W/ADJ VAGINA, CURETTAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57460	PR COLPOSCOPY, CERVIX W/ADJ VAG,W/LOOP BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57461	PR COLPOSCOPY, CERVIX W/ADJ VAG,W/LOOP CONIZ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57500	PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57505	PR ENDOCERVICAL CURETTAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57510	PR CAUTERIZATION,CERVIX,ELECTRO/THERMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57511	PR CRYOCAUTERY OF CERVIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57513	PR LASER SURGERY OF CERVIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57520	PR CONIZATION CERVIX,KNIFE/LASER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57522	PR CONIZATION CERVIX,LOOP ELECTRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57530	PR REMOVAL OF CERVIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57531	PR REMOVAL OF CERVIX, RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57540	PR REMV CERV STUMP,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57545	PR REMV CERV STUMP,ABD,FIX PELV FLOOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57550	PR REMV CERV STUMP,VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57555	PR REMV CERV STUMP,VAG,ANT/POST FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57556	PR REMV CERV STUMP,VAG,FIX ENTEROCELE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57558	PR D&C OF CERVIX STUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57558	PR D&C OF CERVIX STUMP	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH REQUIRED FOR THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57558	PR D&C OF CERVIX STUMP	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2022
57700	PR REVISION OF CERVIX,NON OBSTETRICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57720	PR PLASTIC REPR CERVIX,VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
57800	PR DILATION OF CERVICAL CANAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
57820	PR D&C OF CERVIX STUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
58100	PR BIOPSY OF UTERUS LINING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
58110	PR ENDOMET BIOPSY DONE W/COLPOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58120	PR DILATION/CURETTAGE,DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58140	PR MYOMECTOMY 1-4,W/TOT 250GMS/<,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58145	PR EXCIS UTERINE FIBROID,VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58146	PR MYOMECTOMY 5/>,TOT>250 GMS,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58150	PR TOTAL ABDOM HYSTERECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58152	PR TOTAL ABD HYSTERECTOMY+BLAD REPR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58180	PR SUPRACERV ABD HYSTERECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58200	PR TOTAL ABD HYSTEREC +LTD NODES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58210	PR RADICAL ABD HYSTEREC +PELV NODES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58240	PR PELVIC EXENTERATN,GYN MALIGNANCY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58260	PR VAGINAL HYSTERECTOMY,UTERUS 250 GMS/<	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58262	PR VAG HYST,RMV TUBE/OVARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58263	PR VAG HYST,RMV TUBE/OVARY,FIX ENTEROCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58267	PR VAG HYST,REV VAG/URETHRA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58270	PR VAG HYST,REV VAG/URETHR,FIX ENTEROCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58275	PR VAG HYST, W/VAGINECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58280	PR VAG HYST,RMV VAG,FIX ENTEROCELE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58285	PR VAG HYST RADICAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58290	PR VAG HYST,UTERUS >250 GMS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58291	PR VAG HYST,UTERUS >250 GMS,REM TUBE/OVARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58292	PR VAG HYST,>250 GMS,SOOPH,REPR ENTEROCELE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58294	PR VAG HYST,>250 GMS,REPR ENTEROCELE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58300	PR INSERT INTRAUTERINE DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
58301	PR REMOVE INTRAUTERINE DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
58340	PR CATH/INJECT HYSTEROSALPINGOGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58346	PR INSERTION,HEYMAN CAPSULES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58353	PR ENDOMETRIAL ABLATION, THERMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58356	PR ENDOMETRIAL CRYOABLATIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58400	PR SUSPENSN UTERUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58410	PR SUSPENSN UTERUS +PRESACRAL SYMPATHEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58520	PR REPAIR RUPTURED UTERUS,NON OBSTECTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58540	PR REVISION OF UTERINE ANOMALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58541	PR LAP, SUPRACERVIAL HYSTERECTOM Y, <250G	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58542	PR LAP, SUPRACERVIAL HYSTERECTOM Y W/ TUBE&OV, <250G	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58543	PR LAP, SUPRACERVIAL HYSTERECTOM Y, >250G	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58544	PR LAP, SUPRACERVIAL HYSTERECTOM Y W/ TUBE&OV, >250G	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58545	PR LAP,MYOMECT OMY 1-4,TOT WT 250 GMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58546	PR LAP,MYOMECTOMY 5/>,TOTAL WT >250 GMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58548	PR LAP, RADICAL HYST W/ TUBE&OV, NODE BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58550	PR LAP,VAG HYST,UTERUS 250GMS/<	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58552	PR LAP,VAG HYST,UTERUS 250GMS/<,SALP-OOPH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58553	PR LAP,VAG HYST,UTERUS >250GMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58554	PR LAP,VAG HYST,UTERUS >250GMS,SALP-OOPH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58555	PR HYSTEROSCOPY,DX,SEP PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58558	PR HYSTEROSCOPY,W/ENDO BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58559	PR HYSTEROSCOPY,LYSIS ADHESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58560	PR HYSTEROSCOPY,RESECT SEPTUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58561	PR HYSTEROSCOPY,RMV MYOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58562	PR HYSTEROSCOPY,RMV FB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58563	PR HYSTEROSCOPY,W/ENDOMETRIAL ABLATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58565	PR HYSTEROSCOPY, STERILIZE W IMPLANTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/1/2022
58570	PR LAPAROSCOPY W TOT HYSTERECT UTERUS 250 GRAM OR LESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58571	PR LAPAROSCOPY W TOT HYSTERECTUTERUS <=250 GRAM W TUBE/OVARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58572	PR LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS > 250 GRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58573	PR LAPAROSCOPY TOT HYSTERECTOMY UTERUS >250 GRAM W TUBE/OVARY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58575	PR LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58578	PR LAP,UTERUS,UNLISTED PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58579	PR HYSTEROSCOPY,UTERUS,UNL PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58600	PR LIGATE FALLOPIAN TUBE	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58605	PR LIGATE FALLOPIAN TUBE,POSTPARTUM	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58611	PR LIGATION,FALLOPIAN TUBE W/C-SECTION	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58615	PR OCCLUDE FALLOPIAN TUBE BY DEVICE	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/1/2022
58660	PR LAP,LYSIS OF ADHESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58661	PR LAP,RMV ADNEXAL STRUCTURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021
58662	PR LAP,FULGURATE/EXCISE LESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58670	PR LAP,TUBAL CAUTERY	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58671	PR LAP,TUBAL BLOCK BY DEVICE	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/1/2022
58672	PR LAP,FIMBRIOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58673	PR LAP,SALPINGOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58674	PR LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58679	PR LAP,OVIDUCT/OVARY,UNLIST PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58700	PR REMOVAL OF FALLOPIAN TUBE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY.PDF MD GUIDELINE 2 (BILATERAL TUBAL LIGATION WITH SALPINGECTOMY OR OOPHORECTOMY ATTESTATION.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BILATERAL-TUBAL-LIGATION-WITH-SALPINGECTOMY-OR-OOPHORECTOMY-ATTESTATION.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021
58720	PR REMOVAL OF OVARY/TUBE (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58740	PR LYSIS ADNEXAL ADHESIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58770	PR CREATE NEW TUBAL OPENING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58800	PR DRAIN OVARIAN CYST (S),VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58805	PR DRAIN OVARIAN CYST (S),ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58820	PR DRAIN OVARIAN ABSCESS,VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58822	PR DRAIN OVARIAN ABSCESS,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58825	PR TRANSPOSITION, OVARY(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58900	PR BIOPSY OF OVARY(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
58920	PR PARTIAL REMOVAL OF OVARY(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58925	PR REMOVAL OF OVARIAN CYST(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58940	PR REMOVAL OF OVARY(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
58943	PR OOPHORECTORMY FOR MALIG, W/BX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58950	PR RESEC OVAR MALIG +BILAT OVAR +OMENTUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58951	PR RESEC OVAR MALIG +TAH+PELV NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58952	PR OOPH W/RADIC DISSECT FOR DEBULKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58953	PR BIL SALP-OOPH W/OMENTECT,TAH,RAD DISSECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58954	PR BIL SAL-OOPH W/OMENTECT,TAH,RAD DIS,LYMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58956	PR BSO, OMENTECTOMY W/TAH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58958	PR RESECT RECURRENT GYN MALIG W/ NODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58960	PR LAPAROTOMY FOR STAGING OVAR MALIG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
58999	PR GENITAL SURG PROC, FEMALE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59000	PR AMNIOCENTESIS,DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59001	PR AMNIOCENTESIS,THER AMNIOTIC FLUID REDUCT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59012	PR FETAL CORD PUNCTURE,PR ENATAL	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59012	PR FETAL CORD PUNCTURE,PR ENATAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH REQUIRED IF REFERRED TO PROVIDER IS A NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59015	PR CHORION VILLUS BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59020	PR FETAL CONTRACTN STRESS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59025	PR FETAL NON-STRESS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59030	PR FETAL SCALP BLOOD SAMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59050	PR FETAL MONITOR W/REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59051	PR FETAL MONITOR/INTERPRET ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59070	PR TRANSABDOM AMNIOINFUS W/ US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59072	PR UMBILICAL CORD OCCLUD W/ US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59074	PR FETAL FLUID DRAINAGE W/ US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59076	PR FETAL SHUNT PLACEMENT, W/ US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59100	PR OPEN UTERUS,ABD FOR MOLE,ABORTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59120	PR TREAT ECTOPIC PREG,RMV TUBE/OVARY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2021
59121	PR TREAT ECTOPIC PREG,NON REMVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59130	PR TREAT ECTOPIC PREG,ABD PREG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59136	PR RX ECTOP PREG,UTER WALL,PART HYSTREC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59140	PR RX ECTOP PREG,CERVICAL W EVACUATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59150	PR RX ECTOP PREG BY LAPAROSCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2021
59151	PR RX ECTOP PREG BY SCOPE,RMV TUBE/OVRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59160	PR D&C AFTER DELIVERY	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59160	PR D&C AFTER DELIVERY	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH REQUIRED FOR THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2022
59200	PR INSERT CERVICAL DILATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59300	PR EPISIOTOMY/VAG RPR OTH/THN ATTENDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59320	PR REVISION CERVIX W PREG,VAG APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59325	PR REVISION CERVIX W PREG,ABD APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59350	PR REPAIR OF RUPTURED UTERUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59400	PR FULL ROUT OBSTE CARE,VAGINAL DELIV	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 4 DAYS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59400	PR FULL ROUT OBSTE CARE,VAGINAL DELIV	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 DAYS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59409	PR OBSTETRICAL CARE,VAG DELIV ONLY	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 DAYS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59409	PR OBSTETRICAL CARE,VAG DELIV ONLY	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 4 DAYS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59410	PR OBSTE CARE,VAG DELIV +POSTPARTUM	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 4 DAYS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59410	PR OBSTE CARE,VAG DELIV +POSTPARTUM	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 DAYS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59412	PR ANTEPARTUM HEAD MANIPULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59414	PR DELIVER PLACENTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59430	PR CARE AFTER DELIVERY ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59510	PR FULL ROUT OBSTE CARE,CESARE AN DELIV	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 6 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59510	PR FULL ROUT OBSTE CARE,CESARE AN DELIV	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 6 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59514	PR CESAREAN DELIVERY ONLY	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 6 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59514	PR CESAREAN DELIVERY ONLY	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 6 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59515	PR CESAREAN DELIVERY +POSTPARTUM CARE	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 6 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59515	PR CESAREAN DELIVERY +POSTPARTUM CARE	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 6 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59525	PR REMOVE UTERUS AFTER CESAREAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59610	PR ROUT OB CARE,VAG DELIV,PREV C-SEC	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 DAYS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59610	PR ROUT OB CARE,VAG DELIV,PREV C-SEC	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 4 DAYS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59612	PR VAG DELIV ONLY,PREV C-SECTN	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 DAYS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59612	PR VAG DELIV ONLY,PREV C-SECTN	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 4 DAYS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59614	PR VAG DELIV +POSTPARTUM CARE,PREV C-SEC	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 DAYS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59614	PR VAG DELIV +POSTPARTUM CARE,PREV C-SEC	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 4 DAYS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59618	PR ROUT OB CARE,C-SEC,PREV C-SEC	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 6 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59618	PR ROUT OB CARE,C-SEC,PREV C-SEC	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 6 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59620	PR C-SEC ONLY,PREV C-SEC	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 6 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59620	PR C-SEC ONLY,PREV C-SEC	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 6 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59622	PR C-SEC +POSTPARTUM CARE,PREV C-SEC	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 6 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59622	PR C-SEC +POSTPARTUM CARE,PREV C-SEC	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 6 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59812	PR SURG RX INCOMPLETE ABORTN	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH REQUIRED FOR THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59812	PR SURG RX INCOMPLETE ABORTN	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59820	PR SURG RX MISSED ABORTN,1ST TRI	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59820	PR SURG RX MISSED ABORTN,1ST TRI	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH REQUIRED FOR THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59821	PR SURG RX MISSED ABORTN,2ND TRI	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH REQUIRED FOR THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59821	PR SURG RX MISSED ABORTN,2ND TRI	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59830	PR SURG RX SEPTIC ABORTN	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59830	PR SURG RX SEPTIC ABORTN	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH REQUIRED FOR THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2022
59840	PR INDUCED ABORTN BY D&C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59841	PR INDUCED ABORTN BY DIL/EVAC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021
59850	PR INDUCED ABORTN BY INTRA-AMNIOT INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021
59851	PR INDUCED AB BY INJECT +D&C/EVAC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021
59852	PR INDUCED AB BY INJECT +OPEN UTERUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59855	PR INDUCED AB BY VAG SUPPOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	8/10/2021
59856	PR INDUCED AB BY VAG SUPP +D&C/EVAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59857	PR INDUCED AB BY VAG SUPP+OPEN UTERUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59870	PR EVACUATE MOLE OF UTERUS	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH REQUIRED FOR THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59870	PR EVACUATE MOLE OF UTERUS	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: O01.9, O00.1-O00.2, O00.8-O00.9, O02.0, O02.1, O03.0, O03.1, O03.2, O03.30-O03.31, O03.33-O03.34, O03.37-O03.39, O03.4, O03.5, O03.6, O03.7, O03.80-O03.88, O03.9, O04.5, O04.6, O04.7, O04.80-O04.89, O07.0, O07.1, O07.2, O07.30-O07.39, O07.4, O20.0, O20.8-O20.9, O43.211-O43.213, O43.221-O43.223, O43.231-O43.233, O43.239, O44.00-O44.03, O44.10-O44.13, O45.001-O45.003, O45.011-O45.013, O45.021-O45.023, O45.091-O45.093, O45.8X1-O45.9-8X3, O45.8X9, O45.91-O45.93, O46.001-O46.003, O46.011-O46.013, O46.021-O46.023, O46.091-O46.093, O46.009, O46.029. O46.099, O46.19, O46.8X1-O46.8X3, O46.8X19, O46.91-O46.93, O67.0, O67.8-O67.9, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, Z33.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2022
59871	PR REMOVE CERCLAGE SUTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
59897	PR FETAL INVAS PX W/ US	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
59898	PR LAP,OB CARE/DELIV,UNLIST PROC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
59899	PR MATERNITY CARE PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60000	PR I&D,THYROGLOSSAL CYST,INFECTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60100	PR BIOPSY OF THYROID,PERCUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
60200	PR REMOVE BENIGN THYROID LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60210	PR PARTIAL EXCISION THYROID,UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60212	PR PARTIAL EXCISION THYROID,BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60220	PR THYROID LOBECTOMY,UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60225	PR THYR LOBECTOMY +PART REMOV CONTRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60240	PR THYROIDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
60252	PR THYROIDECTOMY,MALIG,LTD NECK SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60254	PR THYROIDECTOMY W RAD NECK SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60260	PR THYROIDECTOMY POST PREV THYR SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60270	PR THYROIDECTOMY,SUBSTERNAL,TRANSTHOR APP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60271	PR THYROIDECTOMY=SUBSTERNAL,TRANSCERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60280	PR EXCIS THYROID DUCT CYST/SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60281	PR EXCIS THYROID DUCT CYST/SINUS,RECUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60300	PR ASPIRATION AND/OR INJECTION THYROID CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60500	PR EXPLORE PARATHYROID GLANDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60502	PR RE-EXPLORE PARATHYROIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
60505	PR EXPLORE PARATHYROID +MEDIASTINUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60512	PR AUTOTRANSPLANT, PARATHYROID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60520	PR THYMECTOMY, TRANSCERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60521	PR THYMECTOMY, TRANSTHORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60522	PR THYMECTOMY, RADICAL MEDIAST DISSSEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60540	PR EXCISE ADRENAL GLAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60545	PR EXCISE ADRENAL+ADJ RETROPER TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60600	PR EXCISE CAROTID BODY LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60605	PR EXCISE CAROTID BODY +CAROTID ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60650	PR LAP,ADRENALECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
60659	PR LAP,ENDOCRINE SYSTEM,UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
60699	PR ENDOCRINE SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61000	PR SUBDURAL TAP,INFANT,INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61001	PR SUBDURAL TAP,INFANT,SUBSEQUENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61020	PR VENTRICULAR PUCTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61026	PR VENTRICULAR PUNCTURE,PREV BURR HOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61050	PR CISTERNAL/C1-2 PUNCTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61055	PR CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61070	PR BRAIN SHUNT TUBE/RESERV INJECTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61105	PR TWIST DRILL HOLE SUBDURAL/VENT PUNC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61107	PR TWIST HOLE SKULL,IMPLANT CATH/DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61108	PR TWIST DRILL HOLE SKULL FOR DRAINAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61120	PR BURR HOLE VENTRICULAR PUNCTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61140	PR BURR HOLE FOR BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61150	PR BURR HOLE FOR DRAINAGE ABSC/CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61151	PR BURR HOLE FOR SEC ASPIR ABSC/CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61154	PR BURR HOLE EVAC SUBDUR/EXTR A HEMATOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61156	PR BURR HOLE ASPIR INTRACERE HEMATOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61210	PR BURR HOLE IMPLANT CATH/DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61215	PR INSERT SUBCUT RESERV/PUMP/DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61250	PR BURR HOLE SUPRATENTOR, EXPLORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61253	PR BURR HOLE INFRATENTOR, EXPLORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61304	PR OPEN SKULL SUPRATENT EXPLORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61305	PR OPEN SKULL INFRATENT EXPLORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61312	PR OPEN SKULL EVAC SUB/EXTRADUR BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61313	PR OPEN SKULL EVAC INTRACEREBR BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61314	PR OPEN SKULL EVAC SUB/EXTRADUR BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61315	PR OPEN SKULL EVAC INTRACEREBR BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61316	PR INCIS & SUBQ PLACEMT,CRANIAL BONE GRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61320	PR OPEN SKULL DRAIN SUPRATENT ABSC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61321	PR OPEN SKULL DRAIN INFRATENT ABSC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61322	PR OPEN SKULL,DECOM PRES,W/DURAP LASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61323	PR OPEN SKULL,DECOM P,W/LOBECTO MY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61330	PR DECOMPRESS ORBIT,TRANSC RANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61333	PR EXPLORE/REM OVE ORBIT LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61340	PR SUBTEMPORAL CRANIAL DECOMPRESSI ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61343	PR SUBOCCIPT DECOMP MEDULLA/SP CRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61345	PR CRANIAL DECOMPRESS N POST FOSSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61450	PR CRANIECTOMY DECOM SENS GASSERIAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61458	PR CRANIECT EXPL/DECOM CRANIAL NER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61460	PR CRANIECT SECTN 1+ CRAN NERVES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61500	PR CRANIECT EXCIS SKULL BONE LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61501	PR CRANIECT EXCIS INFECT BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61510	PR EXCIS SUPRATENT BRAIN TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61512	PR EXCIS SUPRATENT MENINGIOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61514	PR EXCIS SUPRATENT BRAIN ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61516	PR EXCIS SUPRATENT BRAIN CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61517	PR IMPLANT,BRAIN INTRACAV CHEMOTHER AGENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61518	PR EXCIS INFRATENT BRAIN TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61519	PR EXCIS INFRATENT MENINGIOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61520	PR EXCIS INFRATENT CP ANGLE TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61521	PR EXCIS INFRATENT MIDLINE TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61522	PR EXCIS INFRATENT BRAIN ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61524	PR EXCIS INFRATENT BRAIN CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61526	PR EXCIS TRANSTEMP CP ANGLE TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61530	PR EXCIS COMBINED CP ANGLE TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61531	PR SUBDUR IMPLNT ELECTR,BURR HOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61533	SUBDUR IMPLNT ELECTR, CRAN BONE FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61534	PR EXCIS EPILEPTOGENIC FOCUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61535	PR REMOVE BRAIN ELECTRODES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61536	PR EXCIS EPILEPT FOCUS W MONITOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61537	PR REMOVAL OF BRAIN TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61538	PR LOBECTOMY TEMPOR CORTICOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61539	PR LOBECTOMY OTHR CORTICOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61540	PR REMOVAL OF BRAIN TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61541	PR TRANSECT CORPUS CALLOSUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61543	PR PARTIAL HEMISPHERECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61544	PR EXCIS/COAG CHOROID PLEXUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61545	PR EXCISION CRANIOPHARYNGIOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61546	PR EXCIS PITUITARY,INTRACRANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61548	PR EXCIS PITUITARY,TRANSNASAL/SEPTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61550	PR CRANIECTOMY SYNSOTOSIS,SINGLE SUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61552	PR CRANIEC SYNOSTOSIS,MULTIP SUTURES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61556	PR OPEN FLAP SYNOSTOSIS,FRONT/PARIET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61557	PR OPEN FLAP SYNOSTOSIS,BIFRONTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61558	PR EXTENSIVE CRANIECTOMY SYNOSTOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61559	PR EXTEN CRANIEC W RECONTOUR SYNOSTOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61563	PR EXCIS INTRA/EXTRA BENIGN BONE TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61564	PR EXCIS BENIGN BONE LESN OPTIC DECOMPR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61566	PR REMOVAL OF BRAIN TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61567	PR INCISION OF BRAIN TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61570	PR REMOVE BRAIN FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
61571	PR EXCIS BRAIN FB+RX PENET WOUND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61575	PR TRANSORAL APPROACH EXC,BX,DECOMPR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61576	PR TRANSORAL APPR+SPLIT TONGUE/MANDIBLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61580	PR CRANIOFACIAL APPROACH,EXTRADURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61581	PR CRANIOFACIAL APPROACH,EXTRADURAL+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61582	PR CRANIOFACIAL APPROACH,EXTRADURAL++	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61583	PR CRANIOFACIAL APPROACH,INTRADURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61584	PR ORBITOCRANIAL APPROACH/SKULL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61585	PR ORBITOCRANIAL APPROACH/SKULL+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61586	PR BICOR,XZYGOMA APPROACH ANT CRAN FOSS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61590	PR INFRATEMPORAL APPROACH/PREAURICULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61591	PR INFRATEMPORAL APPROACH/POSTAURICULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61592	PR ORBITOCRANIAL APPROACH/ZYGOMATIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61595	PR TRANSTEMPORAL APPROACH/SKULL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61596	PR TRANSCOCHLEAR APPROACH/SKULL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61597	PR TRANSCONDYLAR APPROACH/SKULL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61598	PR TRANSPETROSAL APPROACH/SKULL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61600	PR RESECT BASE ANT CRAN FOSSA/EXTRADURL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61601	PR RESECT BASE ANT CRAN FOSSA/INTRADURL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61605	PR RESECT INFRATEMP FOSSA/EXTRADURL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61606	PR RESECT INFRATEMP FOSSA/INTRADURL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61607	PR RESECT PARASELLAR FOSSA/EXTRADURL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61608	PR RESECT PARASELLAR FOSSA/INTRADURL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61611	PR LIGATE CAROTID ART IN PETROUS CANL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61613	PR OBLIT AVM/ANEUR/FI STULA-CAVER SINUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61615	PR EXCIS BASE POST CRAN FOSSA/EXTRAD URL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61616	PR EXCIS BASE POST CRAN FOSSA/INTRAD URL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61618	PR SEC REPR,CSF LEAK/CRANIAL FOSSA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61619	PR REPAIR DURA POSTOP SK BASE-PEDICLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61623	PR ENDOVASC TEMP BALLOON OCCLUS,HEAD/ NCK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61624	PR PERM OCCLUSION/EM BOLIZATION,PE RCUT,CNS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61626	PR PERCUT CATH OCCLUSN NON CNS LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61645	PR PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61650	PR EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61651	PR EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61680	PR BRAIN AVM SURG,SUPRAT ENT,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61682	PR BRAIN AVM SURG,SUPRAT ENT,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61684	PR BRAIN AVM SURG,INFRATE NT,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61686	PR BRAIN AVM SURG,INFRATE NT,COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61690	PR BRAIN AVM SURG,DURAL,S IMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61692	PR BRAIN AVM SURG,DURAL,C OMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61697	PR COMPLEX ANEURYSM SURG/CAROTID CIRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61698	PR COMPLX ANEURYSM SURG/VERT-BASILAR CIRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61700	PR ANEURYSM, INTRACRAN, SIMPLE SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61702	PR VERTEBROBASILLAR CIRC, SIMPLE SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61703	PR CLAMP NECK ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61705	PR INTRACRAN/CERV OCCLN CAROTID SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61708	PR OCCLN CAROTID ELECTROTHROMBOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61710	PR OCCLN CAROTID EMBOLIZATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61711	PR INTRA-EXTRACRANIAL ART ANASTOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61720	PR CREATE LESN GLOBUS/THAL STEREO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61735	PR CREATE LESN SUBCORTICAL STEREO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61736	PR LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
61737	PR LITT LES ICR MLT TRAJECTORIES MLT/CPLX LESIONS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
61750	PR STEREOTACTIC BRAIN BX,ASPIR,EXC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61751	PR STEREO BX/ASPIR/EXCIS,INTRACRANIAL LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61760	STEREO IMPLANT BRAIN ELECTRODES, SEIZURE MONITOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61770	PR STEREO LOC W/BURR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61781	PR STEREOTACTIC COMP ASSIST PROC,CRANIAL,INTRADURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61782	PR STEREOTACTIC COMP ASSIST PROC,CRANIAL ,EXTRADURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
61783	PR STEREOTACTIC COMP ASSIST PROC,SPINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61790	PR STEREO TREAT TRIGEMINAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61791	PR STEREO TREAT TRIGEMINAL TRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61796	PR STEREOTACTIC RADIOSURGERY, CRANIAL,SIMPLE,SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61797	PR STEREOTACTIC RADIOSURGERY, CRANIAL,SIMPLE,EA ADD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61798	PR STEREOTACTIC RADIOSURGERY, CRANIAL,COMPLEX,SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61799	PR STEREOTACTIC RADIOSURGERY, CRANIAL,COMPLEX,EA ADD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61800	PR APPLY STEREOTACTIC HEADFRAME FOR RADIOSURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61850	PR IMP ELECTRDS,CORT,DRILL,BURR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61860	PR IMP ELECTRD,CRANIECTMY/CRANIOTMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61863	PR IMPLANT NEUROELECTRODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61864	PR IMPLANT NEUROELECTRDE, ADD'L	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61867	PR IMPLANT NEUROELECTRODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61868	PR IMPLANT NEUROELECTRDE, ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61880	PR REVISE/REMOVE INTRACRAN NEUROELEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61885	PR IMP STIM,CRANIAL, SUBQ,1 ARRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
61886	PR IMP STIM,CRANIAL, SUBQ,>1 ARRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
61888	PR REVIS/REMOV CRANIAL NEURORCVR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62000	PR FIX SIMPL DEPRESS SKULL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62005	PR FIX CMPD DEPRESS SKULL FX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62010	PR FIX DEPRESS SKULL FX,REPR DURA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62100	PR CRANIOTOMY, REPAIR,DURAL/ CSF LEAK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62115	PR REDUCTN CRANIOMEGALI C SKULL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62117	PR REDUCTN CRANIOMEG W RECONSTRUC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62120	PR REPAIR ENCEPHALOCE LE,VAULT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62121	PR REPAIR ENCEPHALOCE LE,BASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62140	PR REPAIR SKULL DEFECT,UP TO 5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62141	PR REPAIR SKULL DEFECT,>5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62142	PR REMOVE SKULL PLATE/FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62143	PR REPLACE SKULL PLATE/FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62145	PR REPAIR SKULL DEFECT/BRAIN SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62146	PR REPAIR SKULL W GRAFT,UP TO 5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62147	PR REPAIR SKULL W GRAFT,>5CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62148	PR INCIS & RETRIEV SUBQ CRAN BONE GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62160	PR NEUROENDOSCOP,PLACE/REPLACE VENTCATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62161	PR NEUROENDOSCOP,DISS ADHESION/FENESTRATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62162	PR NEUROENDOSCOP,W/FENESTRAT/EXCIS COLLOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62164	PR NEUROENDOSCOP,W/EXCISE BRAIN TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62165	PR NEUROENDOSCOP,EXC,PIT TUM,TRANSNAS/SPHEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62180	PR VENTRICULO-CISTERNOSTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62190	PR CREATE SHUNT:SUBARACH/DUR-ATRIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62192	PR CREATE SHUNT:SUBARCH/DUR-PLEURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62194	PR REPLACE/IRRIGATE,SUBARACH/DUR CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62200	PR VENTRICULO-CISTERNOSTOMY,3RD VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62201	PR VENTRICULO-CISTERNOSTOMY,3RD VENT,STEREO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62220	PR CREATE SHUNT:VENTRIC-ATRIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62223	PR CREATE SHUNT:VENTRIC-PERITONEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62225	PR REPLACE/IRRIGATE VENTRIC CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62230	PR REPLACEMENT /REVISION,CSF SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62252	PR REPROGRAMMING,PROGRAMMABLE CSF SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62256	PR REMOVAL,COMPLETE CSF SHUNT,W/O REPLACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62258	PR REMOVE & REPLACE CSF SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62263	PR LYSIS,PERQ,EPIDURAL ADHESIONS,2 DAYS/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62264	PR LYSIS,PERQ,EPIDURAL ADHESIONS,1 DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62267	PR PERCUT ASPIRATION VERTEBRAL DISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62268	PR PERCUT DRAIN SPINAL CORD CYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62269	PR PERCUT NEEDLE BIOPSY SPINAL CORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62270	PR DIAGNOSTIC LUMBAR SPINAL PUNCTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
62272	PR THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62273	PR INJ,LUMB EPIDUR,BLOOD /CLOT PATCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62280	PR INJ,NEUROLYTIC,SUBARACHNOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62281	PR INJECT NEUROLYTIC,EPIDUR,CERV/THOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62282	PR INJ,NEUROLYTIC,EPID/LUMB/CAUDAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62284	PR INJECTION PROCEDURE MYELOGRAPHY /CT LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62287	PR DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62290	PR INJECT DISCOGRAM,LUMBAR,EA LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62291	PR INJ,CERV/THORAC,FOR DISCOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62294	PR INJECT SPINAL ARTERY,OCCLUDE AVM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62302	PR MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62303	PR MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62304	PR MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62305	PR MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62320	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62321	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62322	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
62323	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62324	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62325	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62326	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62327	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62328	PR DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62329	PR THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62350	PR IMP SPINAL CANAL CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62351	PR IMPLANT SPINAL CATH W LAMINECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62355	PR REMOVE SPINAL CANAL CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62360	PR INSERT SPINE INFUSN DEVICE,SUBCUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62361	INSERT/ PREPLACE INFUSN PUMP,NONPROGRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62362	INSERT/ REPLACE INFUSN PUMP,PROGRAMMABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62365	PR REMOVE INFUSN DEVICE/PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
62367	PR ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62368	PR ANALYZE INFUSN PUMP +REPROGRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62369	PR ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62370	PR ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
62380	PR NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63001	LAM W/O FACETEC FORAMOT/DSK C 1/2 VRT SEG, CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63003	LAM W/O FACETEC FORAMOT/DSK C 1/2 VRT SEG, THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63005	LAM W/O FACETEC FORAMOT/DSK C 1/2 VRT SEG, LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63011	LAM W/O FACETEC FORAMOT/DSK C 1/2 VRT SEG, SACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63012	PR LAMINECTOMY, FACETECTOMY ,LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63015	PR LAMINECTOMY, >2 SGMT,CERVICA L	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63016	PR LAMINECTOMY, >2 SGMT,THORACI C	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63017	PR LAMINECTOMY, >2 SGMT,LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63020	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63030	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63035	PR LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63040	PR LAMINOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63042	PR REDO EXCIS LUMBAR DISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63043	PR REDO EXCIS CERV DISC, ADDN CERV INTERSPC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63044	PR REDO EXCIS CERV DISC, ADDN LUMB INTERSPC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63045	LAMINEC/FACE TECT/FORAMIN ,CERVICAL 1 SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63046	LAMINEC/FACE TECT/FORAMIN ,THORACIC 1 SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63047	LAMINEC/FACE TECT/FORAMIN ,LUMBAR 1 SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63048	PR LAM FACETECTOMY &FORAMOT 1 VRT SGM EA ADDL SGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63050	PR C-LAMINOPLASTY , 2 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63051	PR C-LAMINOPLASTY W/GRAFT/PLATE, 2 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63052	PR LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2022
63053	PR LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2022
63055	PR XPEDICUL DECOMPRESS THROACIC CORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63056	PR DECOMPRESS SPINAL CORD,1 SEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63057	PR XPEDICUL DECOMPRESS CORD,ADDNL SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63064	PR COSTOVERT DECOMPRESS THORACIC CORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63066	PR COSTOVERT DECOMP THOR CORD,EACH ADDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63075	PR DISK SURG,ANTER,CERVICAL,SINGLE LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63076	PR DISK SURG,ANTER,CERV,EA ADDNL LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63077	PR DISK SURG,THORAX, SINGLE LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63078	PR DISK SURG,THORAX, EA ADDNL LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63081	PR REMV VERT BODY,CERV,ONE SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63082	PR REMV VERT BODY,CERV,EACH ADDNL SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63085	PR REMV VERT BODY,THOR,ONE SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63086	PR REMV VERT BODY,THOR,EACH ADDNL SGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63087	PR REMV VERT BODY,LO THOR/LUMB,ONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63088	PR REMV VERT BODY,LO THOR/LUMB,EA ADDNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63090	PR REMV VERT BODY,LOWER, RETROPER,ON E	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63091	PR REMV VERT BODY,LOWR,R ETROPER,EA ADDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63101	PR REMOVAL OF VERTEBRAL BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63102	PR REMOVAL OF VERTEBRAL BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63103	PR REMOVE VERTEBRAL BODY ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63170	PR INCISE SPINAL CORD TRACT(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63172	PR DRAIN INTRAMEDULLA RY- >SUBARACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63173	PR DRAIN INTRAMEDULLA RY- >PERITONEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63185	PR INCISE SP COLUMN/NERV ES,ONE/TWO LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63190	PR INCISE SP COLUMN/NERVES,>2 LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63191	PR INCISE SPINAL ACCESS NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63197	PR LAM W/CORDOTOMY SCTJ SPINOTHALAMIC TRC 1STG THRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63200	PR RELEASE TETHERED SPINAL CORD,LUMBR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63250	PR EXCIS/OCCLUD CORD AVM,CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63251	PR EXCIS/OCCLUD CORD AVM,THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63252	PR EXCIS/OCCLUD CORD AVM,THORCOLUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63265	PR EXCIS INTRASP LESN,XDURAL, CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63266	PR EXCIS INTRASP LESN,XDURAL, THORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63267	PR EXCIS INTRASP LESN,XDURAL, LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63268	PR EXCIS INTRASP LESN,XDURAL, SACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63270	PR EXCIS INTRASP LESN,INTRADUR,CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63271	PR EXCIS INTRASP LESN,INTRADUR,THOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63272	PR EXCIS INTRASP LESN,INTRADUR,LUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63273	PR EXCIS INTRASP LESN,INTRADUR,SACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63275	PR BX/EXCIS SPINAL TUMOR,XDURAL,CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63276	PR BX/EXCIS SPINAL TUMOR,XDURAL,THOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63277	PR BX/EXCIS SPINAL TUMOR,XDURAL,LUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63278	PR BX/EXCIS SPINAL TUMOR,XDURAL,SACR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63280	PR BX/EXCIS SPIN TUM,INDUR,XMED,CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63281	PR BX/EXCIS SPIN TUM,INDUR,XMED,THOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63282	PR BX/EXCIS SPIN TUM,INDUR,XMED,LUMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63283	PR BX/EXCIS SPIN TUM,INDUR,XMED,SACR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63285	PR BX/EXCIS SPIN TUM,INDUR,INMED,CERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63286	PR BX/EXCIS SPIN TUM,INDUR,INMED,THOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63287	PR BX/EXCIS SPIN TUM,INDUR,INMED,THLUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63290	PR BX/EXCIS SPIN TUM,COMBINED,ANY LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63295	PR REPAIR OF LAMINECTOMY DEFECT, ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63300	PR REMV VERT,EXDUR,CERV TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63301	PR REMV VERT,EXUDR,XTHOR,THOR TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63302	PR REMV VERT,EXDUR,THORLUM,THOR TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63303	PR REMV VERT,EXDUR,LUMB/SACR TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63304	PR REMV VERT,INDURAL, CERV TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63305	PR REMV VERT,INDURAL, XTHOR,THOR TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63306	PR REMV VERT,INDURAL, THORLUM,THOR TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63307	PR REMV VERT,INDURAL, LUMB/SACR TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63308	PR REMV VERT,EACH ADDNL SEGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63600	PR CREATE SP CORD LESN,STEREOTAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63610	PR STEREOTACT STIM SPINAL CORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63620	PR STEREOTACTIC RADIOSURGERY, SPINAL, SINGLE LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63621	PR STEREOTACTIC RADIOSURGERY, SPINAL, EA ADD LESION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63650	PR PERCUT IMPLNT NEUROELECT, EPIDURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63655	PR SURG IMPLNT NEUROELECT, EPIDURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63661	PR RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63662	PR RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63663	PR REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63664	PR REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63685	PR IMPLANT NEUROSTIM/RECEIVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63688	PR REMOVAL OR REVISION OF SPINAL NEUROSTIMULATOR GENERATOR OR RECEIVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63700	PR REPR MENINGOCELE, <5CM DIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63702	PR REPR MENINGOCELE, 5+CM DIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63704	PR REPR MYELOMENIGOCELE,<5CM DIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63706	PR REPR MYELOMENIGOCELE,5+CM DIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63707	PR REPR,DURAL/CSF LEAK,NOT REQ LAMINECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63709	PR REPR,DURAL/CSF LEAK,W/LAMINECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63710	PR DURAL GRAFT REPAIR,SPINE DEFECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63740	PR INSTALL SPINAL SHUNT,LAMINECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
63741	PR INSTALL SPINAL SHUNT,PERCUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63744	PR REVISION OF SPINAL SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
63746	PR REMOVAL OF SPINAL SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64400	PR INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64405	PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64408	PR INJECTION AA&/STRD VAGUS NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64415	PR INJECTION AA&/STRD BRACHIAL PLEXUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64416	PR INJECTION AA&/STRD BRACHIAL PLEXUS CONT NFS CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64417	PR INJECTION AA&/STRD AXILLARY NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64418	PR INJECTION AA&/STRD SUPRASCAPULAR NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64420	PR INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64421	PR INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64425	PR INJECTION AA&/STRD ILIOINGUINAL IH NERVES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64430	PR INJECTION AA&/STRD PUDENDAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64435	PR INJECTION AA&/STRD PARACERVICAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64445	PR INJECTION AA&/STRD SCIATIC NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64445	PR INJECTION AA&/STRD SCIATIC NERVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64446	PR INJECTION AA&/STRD SCIATIC NERVE CONT NFS CATH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64446	PR INJECTION AA&/STRD SCIATIC NERVE CONT NFS CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64447	PR INJECTION AA&/STRD FEMORAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64447	PR INJECTION AA&/STRD FEMORAL NERVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64448	PR INJECTION AA&/STRD FEMORAL NERVE CONT NFS CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64449	PR INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64450	PR INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64451	PR INJECTION AA&/STRD NERVES NRVTG SI JOINT W/IMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64454	PR INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64455	PR NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64461	PR PVB THORACIC SINGLE INJECTION SITE W/IMG GID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64462	PR PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64463	PR PVB THORACIC CONT CATHETER INFUSION W/IMG GID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64466	THORACIC FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64467	THORACIC FASCIAL PLANE BLOCK, UNILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64468	THORACIC FASCIAL PLANE BLOCK, BILATERAL; BY INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64469	THORACIC FASCIAL PLANE BLOCK, BILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64473	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64473	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION (S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64474	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64474	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64479	PR NJX AA&/STRD TFRML EPI CERVICAL/THO RACIC 1 LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64479	PR NJX AA&/STRD TFRML EPI CERVICAL/THO RACIC 1 LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64480	PR NJX AA&/STRD TFRML EPI CERVICAL/THO RACIC EA ADDL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64480	PR NJX AA&/STRD TFRML EPI CERVICAL/THO RACIC EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64483	PR NJX AA&/STRD TFRML EPI LUMBAR/SACR AL 1 LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64483	PR NJX AA&/STRD TFRML EPI LUMBAR/SACR AL 1 LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64484	PR NJX AA&/STRD TFRML EPI LUMBAR/SACR AL EA ADDL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64484	PR NJX AA&/STRD TFRML EPI LUMBAR/SACR AL EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64486	PR TAP BLOCK UNILATERAL BY INJECTION (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64486	PR TAP BLOCK UNILATERAL BY INJECTION (S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64487	PR TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64487	PR TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64488	PR TAP BLOCK BILATERAL BY INJECTION(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64488	PR TAP BLOCK BILATERAL BY INJECTION(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64489	PR TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64489	PR TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64490	PR NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64490	PR NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64491	PR NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64491	PR NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64492	PR NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64492	PR NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64493	PR NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64493	PR NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64494	PR NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64494	PR NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64495	PR NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64495	PR NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64505	PR INJECT NERV BLCK,SPHENO PALAT GANGLN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64510	PR INJECT NERV BLCK,STELLAT E GANGLION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
64517	PR N BLOCK INJ, HYPOGAS PLXS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64520	PR INJECT NERV BLCK,PARAVERT SYMPATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64530	PR INJECT NERV BLCK,CELIAC PLEXUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64553	PR PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64555	PR PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64561	PR PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64568	PR OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64569	PR REVISE/REPLACE CRANIAL NERVE STIM ELECTRODE/CONNECT PULSE GEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64570	PR REMOVE IMPLANT CRANIAL NERVE STIM ELECTRODE/PULSE GEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64575	PR OPEN IMPLANTATION NEA PERIPHERAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64580	PR OPEN IMPLANTATION NEA NEUROMUSCULAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64581	PR OPEN IMPLANTATION NEA SACRAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64582	PR OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64583	PR REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG&RESPIR SNR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64584	PR REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG&RESPIR SNR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64585	PR REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64590	PR INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR GENERATOR OR RECEIVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64595	PR REMOVAL OR REVISION OF A PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64596	INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR INITIAL ELECTRODE ARRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64597	INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR EACH ADDITIONAL ELECTRODE ARRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64598	REVISION OR REMOVAL OF A ELECTRODE ARRAY WITH AN INTEGRATED NEUROSTIMULATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
64600	PR INJECT TRIGEM NERV,1ST BRANCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64605	PR INJECT 5TH NERV-2,3 DIV,F.OVALE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64610	PR INJECT 5TH N.-2,3 DIV,F.OVALE,X RAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64611	PR CHEMODENERVATION PAROTID/SUBMANDIBULAR SALIVARY GLANDS,BILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64612	PR CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64615	PR CHEMODERVATE FACIAL/TRIGEM /CERV MUSC MIGRAINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64616	PR CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64617	PR CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64620	PR DEST,INTERCOSTAL,NEUROLYTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64624	PR DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64625	PR RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64628	PR THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2022
64629	PR THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64630	PR DESTRUCT BY NEURO AGENT; PUDENDAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64632	PR DESTRUCT BY NEURO AGENT; PLANTAR DIGITAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64633	PR DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64634	PR DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64635	PR DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64636	PR DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64640	PR INJECT RX OTHER PERIPH NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64642	PR CHEMODENER VATION ONE EXTREMITY 1-4 MUSCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64643	PR CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64644	PR CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64645	PR CHEMODENERVATION 1 EXTREMITY EA ADDL 5/< MUSCLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64646	PR CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64647	PR CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64650	PR CHEMODENERV ECCRINE GLANDS BOTH AXILLAE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64653	PR CHEMODENERV ECCRINE GLANDS, NON-AXILLARY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64680	PR INJECT RX CELIAC PLEXUS NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64681	PR INJECTION TREATMENT OF NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64702	PR REVISE/REPAIR FINGER/TOE NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64704	PR REVISE/REPAIR HAND/FOOT NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64708	PR NEUROPLASTY OTHER ARM/LEG NERVE,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64712	PR NEUROPLASTY SCIATIC NERVE,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64713	PR NEUROPLASTY BRACHIAL PLEXUS,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64714	PR NEUROPLASTY LUMBAR PLEXUS,OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64716	PR REVISION OF CRANIAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64718	PR REVISE ULNAR NERVE AT ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64719	PR REVISE ULNAR NERVE AT WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64721	PR REVISE MEDIAN N/CARPAL TUNNEL SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64722	PR RELIEVE PRESSURE ON NERVE(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64726	PR RELEASE FOOT/TOE NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64727	PR INTERN NERVE REVIS,OPER MICROSCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64732	PR TRANSECT SUPRAORBITAL NERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64734	PR TRANSECT INFRAORBITAL NERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64736	PR TRANSECT MENTAL NERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64738	PR TRANSECT OF JAW NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64740	PR TRANSECT OF TONGUE NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64742	PR TRANSECT OF FACIAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64744	PR TRANSECT GREAT OCCIPITAL NERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64746	PR TRANSECT DIAPHRAGM NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64755	PR TRANSECT VAGUS NERVES,PROXIMAL STOMACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64760	PR TRANSECT VAGUS,TRANS ABDOMINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64763	PR TRANSECT OBTURATR,XTRAPELV,HIP/LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64766	PR TRANSECT OBTURATR,INTRAPELV,HIP/LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64771	PR TRANSECT OTHER CRAN N,EXTRADURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64772	PR TRANSECT OTHR SPINAL N,XTRADURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64774	PR EXCISE CUTANEOUS NEUROMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64776	PR EXCISE DIGITAL NEUROMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64778	PR EXCISE DIGITAL NEUROMA,ADD NL DIGIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64782	PR EXCISE HAND/FOOT NEUROMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64783	PR EXCISE HAND/FOOT NEUROMA,EAC H ADDNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64784	PR EXCISE MAJOR PERIPHERAL NEUROMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64786	PR EXCISE SCIATIC NERVE NEUROMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64787	PR IMPLANT NERVE END TO BONE/MUSC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64788	PR EXCISE CUTANEOUS NEUROFIBROM A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64790	PR EXCISE MAJOR PERIPH NEUROFIBROM A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64792	PR EXCISE NEUROFIBROM A EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64795	PR BIOPSY OF NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64802	PR SYMPATHECTOMY,CERVICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64804	PR SYMPATHECTOMY,CERVICOTHORACIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64809	PR SYMPATHECTOMY,THORACOLUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64818	PR SYMPATHECTOMY,LUMBAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64820	PR SYMPATHECTOMY,DIGITAL ARTERIES, EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64821	PR SYMPATHECTOMY,RADIAL ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64822	PR SYMPATHECTOMY,ULNAR ARTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64823	PR SYMPATHECTOMY,SUPERFICIAL PALMAR ARCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64831	PR REPAIR OF DIGIT NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64832	PR REPAIR EACH ADDNL DIGIT NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64836	SUTURE 1 NERVE ULNAR MOTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64837	PR REPAIR EACH ADDNL HAND/FOOT NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64840	PR REPAIR POST TIBIAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64856	PR REPAIR/TRANS POS MAJ PERIPH NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64857	PR REPAIR MAJOR PERIPHERAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64858	PR REPAIR SCIATIC NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64859	PR REPAIR ADDNL MAJ PERIPH NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64861	PR REPAIR BRACHIAL PLEXUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64862	PR REPAIR LUMBAR PLEXUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64864	PR REPR FACIAL NERVE,EXTRAC RANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64865	PR REPR FACIAL NERVE,INFRAT EMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64866	PR ANAST FACIAL-SPINAL ACCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64868	PR ANAST FACIAL-HYPOGLOSSAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
64872	PR REPR NERVE,SECON DARY/DELAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64874	PR REPR/TRANSP OSE NERVE,SECON DARY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64876	PR REPAIR NERVE DELAY,SHORTE N BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64885	PR NERVE GRAFT,HEAD/N ECK,ONE,=<4C M	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64886	PR NERVE GRAFT,HEAD/NECK,ONE,>4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64890	PR NERVE GRAFT,HAND/FOOT,ONE,=<4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64891	PR NERVE GRAFT,HAND/FOOT,ONE,>4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64892	PR NERVE GRAFT,ARM/LEG,ONE,UP TO 4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64893	PR NERVE GRAFT,ARM/LEG,ONE,>4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64895	PR NERV GRFT,HAND/FOOT,MULT,=<4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64896	PR NERV GRFT,HAND/FOOT,MULT,>4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64897	PR NERV GRFT,ARM/LEG,MULT,=<4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64898	PR NERV GRFT,ARM/LEG,MULT,>4CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64901	PR EA ADDNL NERVE GRAFT,SINGLE STRAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
64902	PR EA ADDNL NERVE GRAFT,MULTPL STRANDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64905	PR NERVE PEDICLE XFER,FIRST STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64907	PR NERVE PEDICLE XFER,SECOND STAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64910	PR NERVE REPAIR W/ALLOGRAFT OR SYNTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64911	PR NEURORRAPHY W/VEIN AUTOGRAFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64912	PR NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64913	PR NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
64999	PR NERVOUS SYSTEM SURGERY UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65091	PR REMOVE OCULAR CONTENTS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65093	PR REMOVE OCULAR CONTENTS W IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65101	PR REMOVAL OF EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65103	PR REMOVE EYE W IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65105	PR REMOVE EYE W MUSC TO IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65110	PR REMOVAL OF ORBITAL CONTENTS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65112	PR REMOVE ORBIT/REMV BONE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65114	PR REMOVE ORBIT W MUSC FLAP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65125	PR MODIFY OCULAR IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65130	PR LATE OCULAR IMPLANT POST EVISC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65135	PR LATE OCUL IMPLNT POST ENUCL,NO MUSC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65140	PR LATE OCUL IMPLNT POST ENUCL,W MUSC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65150	PR REINSERT OCULAR IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65155	PR REINSERT OCULAR IMPLANT,REINFORCEMT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65175	PR REMOVAL OF OCULAR IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65205	PR REMV F.B.,EYE,SUPERF CONJUNC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
65205	PR REMV F.B.,EYE,SUPERF CONJUNC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65210	PR REMV F.B.,EYE,EMBED CONJUNC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
65210	PR REMV F.B.,EYE,EMBED CONJUNC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65220	PR REMV F.B.,EYE,CORNEA,NO SLIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
65220	PR REMV F.B.,EYE,CORNEA,NO SLIT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65222	PR REMV F.B.,EYE,CORNEA,SLIT LAMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
65222	PR REMV F.B.,EYE,CORNEA,SLIT LAMP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65235	PR REMOVAL,FB,INTRAOCULAR,ANT CHAMBER/LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
65235	PR REMOVAL,FB,INTRAOCULAR,ANT CHAMBER/LENS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65260	PR REMV F.B.,EYE,POST SGMT,MAGNETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
65260	PR REMV F.B.,EYE,POST SGMT,MAGNETIC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65265	PR REMV F.B.,EYE,POST SGMT,NONMAG NETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
65265	PR REMV F.B.,EYE,POST SGMT,NONMAG NETIC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65270	PR REPAIR CONJUNC LACERATN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65272	PR REPAIR CONJUNC LAC,REARRANG,NO HOSP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65273	PR REPAIR CONJUNC LAC,REARRANG,IN HOSP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65275	PR REPAIR CORNEA LAC,NONPERFORATING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65280	PR REPAIR CORNEA LAC,PERF,NO UVEAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65285	PR REPAIR CORNEA LAC,PERF,RESEC UVEAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65286	PR REPAIR CORNEA LAC,APPLY GLUE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65290	PR REPAIR EXTRAOCULAR MUSC WOUND	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65400	PR EXCIS CORNEA LESN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65410	PR BIOPSY OF CORNEA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65420	PR EXCIS PTERYGIUM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65426	PR EXCIS PTERYGIUM,W GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65430	PR CORNEAL SMEAR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65435	PR CURETTE/TREAT CORNEA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65436	PR CURETTE/TREAT CORNEA,APPLY CHELATE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65450	PR DESTR CORNEAL LESN,CRYO,PHOTO,THERM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65600	PR MULT PUNC ANTER CORNEA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65710	PR CORNEAL TRANSPLANT,LAMELLAR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65730	PR CORNEAL TRANSPLANT,PENETRATING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65750	PR CORNEAL TRANSPLANT,PENETRAT,APHAKIA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65755	PR CORNEAL TRANSPLANT,PEN,PSEUDOAPHAK	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65756	PR CORNEAL TRANSPLANT,ENDOTHELIAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65757	PR PREP CORNEAL ENDOTHEL ALLOGRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65760	PR KERATOMILEUSIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65765	PR KERATOPHAKIA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65767	PR EPIKERATOPLASTY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65770	PR REVISE CORNEA WITH IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65771	PR RADIAL KERATOTOMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65772	PR CORNEAL RELAX INCIS,CORREC ASTIG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65775	PR CORNEAL WEDGE,CORRECT ASTIGMATISM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65778	PR PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65779	PR PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65780	PR OCULAR SURF RECONST, AMNIOTIC TRANSPLANT, MULTIPLE LAYERS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65780	PR OCULAR SURF RECONST, AMNIOTIC TRANSPLANT, MULTIPLE LAYERS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65781	PR OCULAR RECONST, TRANSPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65782	PR OCULAR RECONST, TRANSPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65785	PR IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65800	PR PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65810	PR DRAIN ANT CHMBR,REMV VITREOUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65815	PR DRAIN ANT CHMBR,REMV BLOOD	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65820	PR RELIEVE INNER EYE PRESSURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65850	PR INCISION OF EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65855	PR TRABECULOPLASTY BY LASER SURGERY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65860	PR INCISE INNER EYE ADHESNS,LASER	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65865	PR INCISE INNER EYE ADHESNS,INCI SN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65870	PR INCISE ANT SYNECHIAE,EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65875	PR INCISE POST SYNECHIAE,EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65880	PR INCISE CORNEO-VITREAL ADHESIONS,EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65900	PR REMVL,EPITH DOWNGROWTH ,ANT CHAMBER,EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65920	PR REMVL,IMPLANT MATERIAL,ANT SEGMENT,EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
65930	PR REMOVAL,BLOOD CLOT,ANT SEGMENT,EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66020	PR INJECTION,ANT CHAMBER,EYE, AIR/LIQUID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66030	PR INJECT ANTER CHMBR EYE,MEDICATN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66130	PR REMOVE EYE LESION,SCLERA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66150	PR GLAUCOMA SURG,TREPHINATN/IRIDECT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66155	PR GLAUCOMA SURG,THERMO CAUT/IRIDECT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66160	PR GLAUCOMA SURG,SCLERECT,PUNCH/SCISS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66170	PR GLAUCOMA SURG,TRABECU AB EXTERNO	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66172	PR GLAUCOMA SURG,TRAB AB EXT,PREV SCAR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66174	PR TRANSLUMINAL DILATION AQUEOUS CANAL, W/O RETENTION DEVICE/STENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66175	PR TRANSLUMINAL DILATION AQUEOUS CANAL, W RETENTION DEVICE/STENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66179	PR AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66180	PR AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66183	PR INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66184	PR REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66185	PR REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66225	PR REPAIR SCLERA STAPHYLOMA W GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66250	PR REVIS/REPAIR OP WOUND ANTER SGMT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66500	PR INCISION OF IRIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66505	PR INCISION OF IRIS,W TRANSFIXATN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66600	PR REMV IRIS/LESION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66605	PR REMV IRIS,CYCLECTOMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66625	PR REMV IRIS,PERIPH FOR GLAUCOMA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66630	PR REMV IRIS,SECTOR FOR GLAUCOMA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66635	PR REMV IRIS,OPTICAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66680	PR REPAIR IRIS/CILIARY BODY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66682	PR SUTURE IRIS/CILIARY BODY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66700	PR DESTRUC,CILIARY BODY,DIATHERMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66710	PR DESTRUC,CILIARY BODY,CYCLOPHOTOCOAG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66711	PR ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66720	PR CILIARY BODY DESTRUCTION CRYOTHERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66740	PR DESTRUC,CILIARY BODY,CYCLODIALYSIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66761	PR IRIDOTOMY/IRIDECTOMY BY LASER, PER SESSION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66762	PR IRIDOPLASTY BY PHOTOCOAG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66770	PR RESEC CYST/LESN IRIS/CILIARY BODY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66820	PR DISCISSION,2ND CATARACT,INCIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66821	PR DISCISSION,2ND CATARACT,LASER	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66825	PR REPOSITION INTRAOCULAR LENS W INCIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66830	PR REMV 2ND CATARACT,CO RN-SCLER SECTN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66840	PR REMV LENS MATERIAL,ASPIRATN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66850	PR REMV LENS MATERIAL,PHA COFRAGMT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66852	PR REMV LENS MATERIAL,PAR S PLANAR APPRC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66920	PR EXTRACT LENS,INTRACAPSULAR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66930	PR EXTRACT LENS,INTRACAP,DISLOC LENS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66940	PR EXTRACT LENS,EXTRACAPSULAR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66982	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66983	PR REMV CATARACT INTRACAP,INSERT LENS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66984	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66985	PR INSERT LENS PROSTHESIS ONLY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66986	PR EXCHANGE LENS PROSTHESIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66987	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66988	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66989	PR XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66990	PR OPHTHALMIC ENDOSCOPE USE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66991	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
66999	PR EYE SURG ANT SGMT PROC UNLISTED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67005	PR PART REMV VITREOUS,ANT APPRCH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67010	PR SUBTOT REMV VITREOUS,MECH VIRECTOMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67015	PR RELEAS VITREOUS,SUB RET/CHOROID FLUID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67025	PR REPLACE EYE FLUID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67027	PR IMPLANT EYE DRUG SYSTEM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67028	PR INJECT INTRAVITREAL PHARMCOLOGIC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67030	PR INCISE INNER VITREOUS STRANDS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67031	PR LASER SURGERY,SEVER VITREOUS STRANDS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67036	PR VITRECTOMY,MECHANICAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67039	PR VITRECTOMY,FOCAL LASER RX RETINA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67040	PR VITRECTOMY,PANRETINAL LASER RX	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67041	PR VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67042	PR VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67043	PR VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67101	PR RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67105	PR RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67107	PR REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67108	PR RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67110	PR REPAIR DETACD RETINA,INJECT AIR/GAS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67113	PR RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67115	PR RELEASE ENCIRCL MATERIAL,POST SGMT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67120	PR REMV POST EYE IMPLNT MATER,EXTRA OCUL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67121	PR REMV POST EYE IMPLNT MATER,INTRAOCUL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67141	PR PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67145	PR PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67208	PR DESTRUC RETINAL LESN,CRYOTHERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67210	PR DESTRUC RETINAL LESN,PHOTOC OAG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67218	PR DESTRUC RETINAL LESN,RADN IMPLNT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67220	PR DEST,CHOROID LESION,PHOTO COAG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67221	PR DEST,CHOROID LESN,PHOTOD YNAMIC THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67225	PR DEST,CHOROID LESN,PHOTOD YN THER,2ND EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67227	PR DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67228	PR TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67229	PR TX EXTENSIVE RETINOPATHY, PRETERM INFANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67250	PR REINFORCE SCLERA EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67255	PR REINFORCE SCLERA EYE W GRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67299	PR EYE SURG POST SGMT PROC UNLISTED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67311	PR STRABISMUS SURG,ONE HORIZ MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67312	PR STRABISMUS SURG,TWO HORIZ MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67314	PR STRABISMUS SURG,ONE VERT MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67316	PR STRABISMUS SURG,2+ VERT MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67318	PR STRABISMUS SURG,SUPER-OBLIQ MUSC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67320	PR TRANSPOSITION ANY EXTRAOCUL MUSC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67331	PR STRABISM SURG,PREV EYE SURG,NOT MUSC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67332	PR STRABISMUS SURG,SCAR EXTRAOCUL MUSC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67334	PR STRABISMUS SURG,POST FIXATN SUTURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67335	PR STRABISMUS SURG,PLACE ADJUST SUTURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67340	PR STRABISMUS SURG,REPAIR DETACH MUSC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67343	PR RELEASE EXTEN SCAR TISSUE EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67345	PR DESTROY NERVE OF EYE MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67346	PR BIOPSY OF EXTRAOCULAR MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67399	PR UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67400	PR EXPLORE EYE SOCKET	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67405	PR EXPLORE EYE SOCKET,DRAINAGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67412	PR EXPLORE EYE SOCKET,REMV LESN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67413	PR EXPLORE EYE SOCKET,REMV F.B.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67414	PR EXPLORE EYE SOCKET,DECOMPRESS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67415	PR NEEDLE ASPIR ORBITAL CONTENTS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67420	PR LAT EXPLOR EYE SOCK,REMV LESN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67430	PR LAT EXPLOR EYE SOCK,REMV F.B.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67440	PR LAT EXPLOR EYE SOCK,DRAINAGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67445	PR LAT EXPLOR EYE SOCK,DECOMPRESS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67450	PR LAT EXPLOR EYE SOCK	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67500	PR RETROBULBAR INJECT,MEDICATN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67505	PR RETROBULBAR INJECT,ALCOHOL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67515	PR INJ,THER AGENT INTO TENON'S CAPSULE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67550	PR INSERT EYE SOCKET IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67560	PR REVISE EYE SOCKET IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67570	PR DECOMPRESS OPTIC NERVE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67599	PR ORBIT SURGERY PROC UNLISTED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67700	PR DRAINAGE OF EYELID ABSCESS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67710	PR INCISION OF EYELID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67715	PR INCISION OF EYELID FOLD	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67800	PR EXCIS CHALAZION,SINGLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67800	PR EXCIS CHALAZION,SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67801	PR EXCIS CHALAZION,MULT,SAME LID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67801	PR EXCIS CHALAZION,MULT,SAME LID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67805	PR EXCIS CHALAZION,MULT,BOTH LIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67805	PR EXCIS CHALAZION,MULT,BOTH LIDS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67808	PR EXCIS CHALAZION,GEN ANESTHESIA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67808	PR EXCIS CHALAZION,GEN ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67810	PR INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67810	PR INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67820	PR REVISE EYELASHES,FORCEPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67820	PR REVISE EYELASHES,FORCEPS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67825	PR REVISE EYELASHES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67825	PR REVISE EYELASHES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67830	PR REVISE EYELASHES,INCIS LID MARGIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67830	PR REVISE EYELASHES,INCIS LID MARGIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67835	PR REVISE EYELASHES,INCIS LID+GRFT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67835	PR REVISE EYELASHES,INCIS LID+GRFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67840	PR REMOVE EYELID LESN (NOT CHALAZION)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67840	PR REMOVE EYELID LESN (NOT CHALAZION)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67850	PR DESTRUC EYELID LESN, <1 CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
67850	PR DESTRUC EYELID LESN, <1 CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67850	PR DESTRUC EYELID LESN, <1 CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67875	PR TEMP CLOSURE EYELID BY SUTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67875	PR TEMP CLOSURE EYELID BY SUTURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67880	PR REVISION OF EYELID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67880	PR REVISION OF EYELID	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67882	PR REVISION EYELID,XPOSIT N TARSAL PLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67882	PR REVISION EYELID,XPOSITN TARSAL PLATE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67900	PR REPAIR BROW PTOSIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67900	PR REPAIR BROW PTOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67901	PR FIX LID PTOSIS,FRONT ALIS MUSC,SUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
67901	PR FIX LID PTOSIS,FRONT ALIS MUSC,SUT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67902	PR FIX LID PTOSIS,FRONT MUSC,FAS SLNG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67902	PR FIX LID PTOSIS,FRONT MUSC,FAS SLNG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67903	PR FIX LID PTOSIS,LEVAT R RESEC,INTERN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
67903	PR FIX LID PTOSIS,LEVAT R RESEC,INTERN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67904	PR FIX LID PTOSIS,LEVAT R RESEC,EXTERN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67904	PR FIX LID PTOSIS,LEVAT R RESEC,EXTERN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67906	PR FIX LID PTOSIS,SUPER RECTUS TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
67906	PR FIX LID PTOSIS,SUPER RECTUS TECH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67908	PR FIX LID PTOSIS,FASANELLA-SERVAT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
67908	PR FIX LID PTOSIS,FASANELLA-SERVAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67909	PR REDN OVERCORRECTN OF LID PTOSIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67911	PR CORRECT LID RETRACTN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67912	PR CORRECTION EYELID W/ IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67914	PR FIX ECTROPION,SUTURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67915	PR FIX ECTROPION,THERMOCAUT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67916	PR FIX ECTROPION,EXCIS TARSAL WEDGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67917	PR FIX ECTROPION,ENTENSV LID REPAIR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67921	PR FIX ENTROPION,SUTURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67922	PR FIX ENTROPION,THERMOCAUT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67923	PR FIX ENTROPION,EXCIS TARSAL WEDGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67924	PR FIX ENTROPION,EX TENSV LID REPAIR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67930	PR SUTURE EYELID WOUND,PARTIAL THICK	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67935	PR SUTURE EYELID WOUND,FULL THICK	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67938	PR REMOVE EYELID FOREIGN BODY,EMBEDDED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67950	PR CANTHOPLASTY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67961	PR REVISION OF EYELID,< 1/4 LID MARGIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67966	PR REVISION OF EYELID,> 1/4 LID MARGIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67971	PR RECONSTRUC EYELID,<2/3,ON E STAGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67973	PR RECONSTRUC EYELID,TOT LOWER,1 STAGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67974	PR RECONSTRUC EYELID,TOT UPPER,1 STAGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67975	PR RECONSTRUC EYELID,SECOND STAGE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
67999	PR REVISION EYELID UNLISTED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68020	PR INCISE/DRAIN CONJUNCTIVA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68040	PR EXPRESS CONJUNC FOLLICLES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68100	PR BIOPSY OF CONJUNCTIVA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68110	PR EXCIS CONJUNC LESN,=<1 CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68115	PR EXCIS CONJUNC LESN,>1 CM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68130	PR EXCIS CONJUNC LESN+ADJ SCLERA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68135	PR DESTRUC CONJUNC LESN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68200	PR SUBCONJUNCTIVAL INJECTN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68320	PR REVISE CONJUNC,CON JUNC GRFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68325	PR REVISE CONJUNC,BUC CAL MEMBR GRFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68326	PR REVISE CONJUNC,FIX CUL-DE-SAC +GRFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68328	PR REVISE CONJUNC,FIX CUL-DE-SAC=BUCCAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68330	PR REPAIR SYMBLEPHARON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68335	PR REPAIR SYMBLEPHARON+FREE GRFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68340	PR DIVISION OF SYMBLEPHARON	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68360	PR CONJUNC FLAP,BRIDGE/PARTIAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68362	PR CONJUNC FLAP,TOTAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68371	PR HARVEST EYE TISSUE, ALOGRAFT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68399	PR CONJUNCTIVAL SURGERY UNLISTED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68400	PR INCISE/DRAIN TEAR GLAND	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68420	PR INCISE/DRAIN TEAR SAC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68440	PR INCISE TEAR DUCT OPENING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68500	PR REMOVAL TEAR GLAND,TOTAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68505	PR REMOVAL TEAR GLAND,PARTIAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68510	PR BIOPSY OF TEAR GLAND	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68520	PR REMOVAL OF TEAR SAC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68525	PR BIOPSY OF TEAR SAC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68530	PR REMV F.B./STONE IN TEAR DUCT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68540	PR REMV TEAR GLAND LESN,FRONT APPRCH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68550	PR REMV TEAR GLAND LESN,W OSTEOTOMY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68700	PR REPAIR TEAR DUCTS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68705	PR REVISE TEAR DUCT OPENING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68720	PR CREATE TEAR SAC-NASAL FISTULA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68745	PR CREATE CONJUNC-NASAL FISTULA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
68750	PR CREATE CONJUNC-NASAL FISTULA +STENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68760	PR CLOSE TEAR DUCT OPENING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68761	PR CLOSE TEAR DUCT OPENING BY PLUG,EA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68770	PR CLOSE TEAR SYSTEM FISTULA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68801	PR DILATION NASOLACRIMAL DUCT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68810	PR PROBE NASOLACRIMAL DUCT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68811	PR PROBE NASOLAC DUCT W GEN ANESTH	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68815	PR PROBE NASOLAC DUCT,INSERT TUBE/STENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68816	PR PROBE NASOLAC DUCT WITH CATHETER DILATION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68840	PR EXPLORE LACRIMAL CANALICULI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68850	PR INJECTION FOR TEAR SAC X-RAY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
68899	PR TEAR DUCT SYSTEM SURG UNLISTED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
69000	PR DRAIN EXT EAR ABSC/BLOOD,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69005	PR DRAIN EXT EAR ABSC/BLOOD,COMPLIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69020	PR DRAIN EXT AUD CANAL ABSCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69090	PR PIERCE EARLOBES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
69100	PR BIOPSY OF EXTERNAL EAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
69105	PR BIOPSY OF EXT AUDITORY CANAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
69110	PR REMOVAL EXTERNAL EAR,PARTIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69120	PR REMOVAL EXTERNAL EAR,TOTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
69140	PR REMV EXT CANAL EXOSTOSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
69145	PR REMV EXT CANAL SOFT TISSUE LESN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
69150	PR RAD EXCIS EXT CANAL LESN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69155	PR RAD EXCIS EXT CANAL LESN+NECK DISSEC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
69200	PR REMV EXT CANAL FOREIGN BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2021
69205	PR REMV EXT CANAL F.B.,GEN ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2021
69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LV G UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2021
69210	PR REMOVAL IMPACTED CERUMEN INSTRUMENTA TION UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2021
69220	PR DEBRIDE MASTOID CAVITY,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69222	PR DEBRIDE MASTOID CAVITY,COMPL EX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69300	PR OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69310	PR RECONSTRUCTION,EXT AUDITORY CANAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69320	PR REBUILD EXT AUD CANAL,CONG ANOMALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69399	PR OUTER EAR SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69420	PR INCISION EARDRUM,ASPIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69421	PR INCISION EARDRUM,ASPIR,GEN ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69424	PR VENT TUBE REMVL REQ GEN ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69433	PR CREATE EARDRUM OPENING,LOCAL ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69436	PR CREATE EARDRUM OPENING,GEN ANESTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69440	PR EXPLORATION OF MIDDLE EAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69450	PR EARDRUM REVISION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69501	PR MASTOIDECTOMY,SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69502	PR MASTOIDECTOMY,COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69505	PR MASTOIDECTOMY,MOD RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69511	PR MASTOIDECTOMY,RADICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69530	PR MASTOIDECTOMY,RAD,PETR APICECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69535	PR RESECT TEMPORAL BONE,EXTERN APPRCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69540	PR REMV AURAL POLYP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69550	PR REMV AURAL GLOMUS TUMOR,TRANS CANAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69552	PR REMV AURAL GLOMUS TUMOR,TRANS MASTOID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69554	PR REMV AURAL GLOMUS,EXTR ATEMPORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69601	PR MASTOIDECT REVISN W COMPLETE REMVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69602	PR MASTOID REVISN ->MOD RAD MASTOIDECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69603	PR MASTOID REVISN ->RAD MASTOIDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69604	PR MASTOID REVISN ->TYMPANOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69610	PR REPAIR TYMPANIC MEMBRANE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69620	PR MYRINGOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69631	PR TYMPANOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69632	PR TYMPANOPLASTY,REBUILD OSSICUL CHAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69633	PR TYMPANOPLASTY,REBLD OSSIC CHAIN +PROS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69635	PR TYMPANOPLAS /ANTROTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69636	PR TYMPANOPLAS /ANTROT,REBLD OSSIC CHAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69637	PR TYMPANOPLAS /ANTROT,REBLD OSSIC +PROST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69641	PR TYMPANOPLAS /MASTOIDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69642	PR TYMPANOPLAS /MASTOIDEC,REBLD OSSICLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69643	PR TYMPANOPLAS /MASTOIDEC,INTACT WALL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69644	PR TYMPANOPLAS /MASTOID,INTCT WALL,REBLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69645	PR TYMPANOPLAS /MASTOIDEC,RADICAL/COMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
69646	PR TYMPANOPLAS /MASTOIDEC,RAD,REBLD OSSI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69650	PR STAPES MOBILIZATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69660	PR STAPEDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69661	PR STAPEDECTOMY,FOOTPLATE DRILL OUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69662	PR REVISE STAPEDECTOMY/STAPEDOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69666	PR REPAIR OVAL WINDOW FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69667	PR REPAIR ROUND WINDOW FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69670	PR MASTOID OBLITERATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69676	PR REMOVE MIDDLE EAR NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69700	PR CLOSE MASTOID POSTAURICULAR FISTULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69705	PR SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69706	PR SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
69710	PR IMPLANT/REPLACE HEAR AID,TEMP BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
69711	PR REMOVE/REPAIR HEAR AID,TEMP BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
69714	PR IMPLTJ OI IMPLT SKULL PERQ ATTACHMENT ESP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69716	PR IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP W/ THE MASTOID AND/OR RESULTING IN REMOVAL OF <100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69717	PR RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69719	PR RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP W/THE MASTOID AND/OR INVOLVING A BONY DEFECT <100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69720	PR RELEASE FACIAL NERVE,LAT TO GANGLION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69725	PR RELEASE FACIAL NERVE,MED TO GANGLION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69726	PR REMOVAL ENTIRE OI IMPLT SKULL PERQ ATTACHMENT ESP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69727	PR REMOVAL ENTIRE OI IMPLT SKULL MAG TC ATTACHMENT ESP W/ THE MASTOID AND/OR INVOLVING A BONY DEFECT <100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69728	PR REMOVAL, ENTIRE OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69729	PR TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL (EG, CANALOPLASTY); WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE OF THE MASTOID AND RESLTING IN REMOVAL OF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69730	PR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE THE MASTOID AND INVOLVIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69740	PR REPAIR FACIAL NERVE,LAT TO GANGLION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69745	PR REPAIR FACIAL NERVE,MED TO GANGLION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69799	PR MIDDLE EAR SURGERY PROC UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69801	PR LABYRINTHOTOMY W PERFUSION VESTIBULOACTIVE DRUGS,TRANS CRANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69805	PR ENDOLYMPH SAC OPERATN,NO SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69806	PR ENDOLYMPH SAC OP W SHUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69905	PR EXCIS LABYRINTH,TRANSCANAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69910	PR EXCIS LABYRINTH W MASTOIDECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69915	PR INCISE VESTIBULAR NERVE,TRANSLABYR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
69930	PR IMPLANT COCHLEAR DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
69949	PR INNER EAR SURGERY PROC UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69950	PR VESTIBULAR NERV SECTN,TRANSC RANIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69955	PR DECOMPRESS FACIAL NERVE,TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
69960	PR DECOMPRESS INTERN AUDITORY CANAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69970	PR REMOVE TUMOR,TEMPORAL BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69979	PR TEMPORAL BONE,MIDDLE, SURG UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
69990	PR MICROSURG TECHNIQUES,REQ OPER MICROSCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70010	PR MYELOGRAPHY POST FOSSA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70015	PR CISTERNOGRAPHY,POS CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70030	PR X-RAY EYE FOR FOREIGN BODY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70100	PR X-RAY JAW <4 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70110	PR X-RAY JAW 4+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70120	PR X-RAY MASTOIDS <3 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70130	PR X-RAY MASTOIDS 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70134	PR X-RAY MIDDLE EAR	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70140	PR X-RAY FACIAL BONES <3 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70150	PR X-RAY FACIAL BONES 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70160	PR X-RAY NASAL BONES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70170	PR X-RAY TEAR DUCT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70190	PR X-RAY OPTIC FORAMEN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70200	PR X-RAY ORBITS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70210	PR X-RAY SINUSES <3 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70220	PR X-RAY SINUSES 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70240	PR X-RAY EXAM SELLA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70250	PR X-RAY SKULL <4 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70260	PR X-RAY SKULL 4+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70300	PR X-RAY TEETH SINGLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70310	PR X-RAY TEETH PARTIAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70320	PR FULL MOUTH X-RAY OF TEETH	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70328	PR X-RAY TMJ UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70330	PR X-RAY TMJ BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70332	PR X-RAY TMJ ARTHROGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70336	PR MRI, TMJ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70350	PR X-RAY HEAD FOR ORTHODONTIA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70355	PR ORTHOPANTOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70360	PR X-RAY NECK SOFT TISSUE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70370	PR THROAT X-RAY & FLUOROSCOPY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70371	PR SPEECH EVALUATION, COMPLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70380	PR X-RAY SALIVARY GLAND	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70390	PR X-RAY SIALOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70450	PR CT SCAN,HEAD/BRAIN,W/O CONTRAST MATL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70460	PR CT SCAN HEAD CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70470	PR CT SCAN HEAD COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70480	PR CT SCAN,ORBIT/SELLA/POST FOSSA/EAR,W/O	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70481	PR CT SCAN SKULL CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70482	PR CT SCAN SKULL COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70486	PR CT SCAN,MAXILLO FACIAL AREA,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70487	PR CT SCAN, FACE/JAW CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70488	PR CT SCANS FACE/JAW COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70490	PR CT SCAN,SOFT TISSUE NECK,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70491	PR CT NECK TISSUE CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70492	PR CT NECK TISSUE COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70496	PR CT ANGIO,HEAD COMBO,INCL IMAGE PROCESS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70498	PR CT ANGIO,NECK COMBO,INCL IMAGE PROCESS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70540	PR MRI, FACE, NECK	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70542	PR MRI, FACE, NECK W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70543	PR MRI, FACE, NECK, COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70544	PR MR ANGIO, HEAD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70545	PR MR ANGIO, HEAD W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70546	PR MR ANGIO, HEAD, COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70547	PR MR ANGIO, NECK	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70548	PR MR ANGIO, NECK W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70549	PR MR ANGIO, NECK, COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70551	PR MRI BRAIN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70552	PR MRI BRAIN CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70553	PR MRI BRAIN COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70554	PR FUNCTIONAL MRI BRAIN BY TECH	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70555	PR FUNCTIONAL MRI BRAIN BY PHYS/PSYCH	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70557	PR MRI BRAIN W/O DYE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
70558	PR MRI BRAIN W/ DYE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
70559	PR MRI BRAIN W/O & W/ DYE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71045	CHG RADIOLOGIC EXAM CHEST SINGLE VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71046	CHG RADIOLOGIC EXAM CHEST 2 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71047	CHG RADIOLOGIC EXAM CHEST 3 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71048	CHG RADIOLOGIC EXAM CHEST 4+ VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71100	PR X-RAY RIBS 2 VW UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71101	PR X-RAY RIBS, CHEST 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71110	PR X-RAY RIBS 3 VW BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71111	PR X-RAY RIBS, CHEST 4+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71120	PR X-RAY STERNUM 2+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71130	PR X-RAY STERNO-CLAVICLUAR JT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71250	CHG DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71260	CHG DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71270	CHG DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71271	CHG COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71275	PR CT ANGIO, CHEST (NON-CORON), COMBO, INCL IMG PROC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71550	PR MRI, CHEST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71551	PR MRI, CHEST, W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
71552	PR MRI, CHEST, COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
71555	PR MR ANGIO CHEST (MRA)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72020	PR X-RAY SPINE ONE VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72040	CHG RADEX SPINE CERVICAL 2 OR 3 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72050	CHG RADEX SPINE CERVICAL 4 OR 5 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72052	CHG RADEX SPINE CERVICAL 6 OR MORE VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72070	PR X-RAY THORACIC SPINE 2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72072	PR X-RAY THORACIC SPINE+SWIM 3 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72074	PR X-RAY THORACIC SPINE 4 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72080	CHG RADEX SPINE THORACOLUM BAR JUNCTION MIN 2 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72081	CHG RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72082	CHG RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72083	CHG RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72084	CHG RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72100	PR X-RAY LUMBAR SPINE 2/3 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72110	PR X-RAY LUMBAR SPINE 4 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72114	PR RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72120	PR RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72125	PR CT SCAN,CERVICAL SPINE,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72126	PR CT SCAN CERV SPINE CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72127	PR CT SCAN CERV SP COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72128	PR CT SCAN,THORACIC SPINE,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72129	PR CT SCAN DORSAL SP CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72130	PR CT SCAN DORSAL SP COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72131	PR CT SCAN,LUMBAR SPINE,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72132	PR CT SCAN LUMBAR SP CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72133	PR CT SCAN LUMBAR SP COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72141	PR MRI, CERV SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72142	PR MRI, CERV SPINE CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72146	PR MRI, DORSAL SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72147	PR MRI, DORSAL SPINE CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72148	PR MRI, LUMBAR SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72149	PR MRI, LUMBAR SPINE CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72156	PR MRI, CERV SPINE COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72157	PR MRI, DORSAL SPINE COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72158	PR MRI, LUMBAR SPINE COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72159	PR MR ANGIO SPINE (MRA)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72170	PR X-RAY PELVIS 1/2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72190	PR X-RAY PELVIS 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72191	PR CT ANGIO, PELVIS, COMBO, INCL IMAGE PROC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72192	PR CT SCAN,PELVIS, W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72193	PR CT SCAN OF PELVIS CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72194	PR CT SCAN OF PELVIS COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72195	PR MRI, PELVIS, W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72196	PR MRI, PELVIS W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72197	PR MRI, PELVIS, COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72198	PR MR ANGIO PELVIS(MRA)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72200	PR X-RAY SACROILIAC JTS <3 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72202	PR X-RAY SACROILIAC JTS 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72220	PR X-RAY SACRUM/COCCYX 2+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72240	PR MYELOGRAPHY CERV SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72255	PR MYELOGRAPHY THORAX SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72265	PR MYELOGRAPHY LUMBAR SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72270	PR MYELOGRAPHY OF ENTIRE SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
72285	PR X-RAY,C/T,DISC,SUPERV/INTERPRET	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
72295	PR DISCOGRAPHY LUMBAR SPINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73000	PR X-RAY CLAVICLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73010	PR X-RAY SCAPULA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73020	PR X-RAY SHOULDER 1 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73030	PR X-RAY SHOULDER 2+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73040	PR ARTHROGRAM OF SHOULDER	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73050	PR X-RAY AC JTS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73060	PR X-RAY HUMERUS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73070	PR X-RAY ELBOW 2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73080	PR X-RAY ELBOW 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73085	PR ARTHROGRAM OF ELBOW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73090	PR X-RAY FOREARM 2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73092	PR X-RAY ARM, INFANT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73100	PR X-RAY WRIST 2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73110	PR X-RAY WRIST 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73115	PR ARTHROGRAM OF WRIST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73120	PR X-RAY HAND 2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73130	PR X-RAY HAND 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73140	PR X-RAY EXAM OF FINGER(S)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73200	PR CT SCAN,UPPER EXTREMITY,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73201	PR CT SCAN OF ARM CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73202	PR CT SCAN OF ARM COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73206	PR CT ANGIO,UPPER EXTREM,COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73218	PR MRI, UPPER EXTREM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73219	PR MRI, UPPER EXTREM W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73220	PR MRI UPPER EXTR, W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73221	PR MRI, JOINT UPPER EXTREM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73222	PR MRI, JOINT UPPER EXTREM W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73223	PR MRI, JOINT UPPER EXTREM COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73225	PR MR ANGIO UPPER EXTREM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73501	CHG RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73502	CHG RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73503	CHG RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73521	CHG RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73522	CHG RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73523	CHG RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73525	PR ARTHROGRAM OF HIP	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73551	CHG RADIOLOGIC EXAMINATION FEMUR 1 VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73552	CHG RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73560	PR X-RAY KNEE 1 OR 2 VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73562	PR X-RAY KNEE 3 VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73564	PR X-RAY KNEE 4+ VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73565	PR X-RAY KNEE BILAT STANDING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73580	PR ARTHROGRAM OF KNEE JOINT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73590	PR X-RAY TIB + FIB, 2VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73592	PR X-RAY LEG, INFANT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73600	PR X-RAY ANKLE 2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73610	PR X-RAY ANKLE 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73615	PR ARTHROGRAM OF ANKLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73620	PR X-RAY FOOT 2 VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73630	PR X-RAY FOOT 3+ VW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73650	PR X-RAY HEEL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73660	PR X-RAY TOE (S)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73700	PR CT SCAN,LOWER EXTREMITY,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73701	PR CT SCAN OF LEG CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73702	PR CT SCAN OF LEG COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73706	PR CT ANGIO,LOWER EXTREM,COMBO,IMAGE PRC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73718	PR MRI, LOWER EXTREM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73719	PR MRI, LOWER EXTREM W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73720	PR MRI, LOWER EXTR, W/O CONTRAST F/U BY CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73721	PR MRI LOWER EXTREM JT, W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73722	PR MRI, JOINT OF LEG W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
73723	PR MRI, JOINT OF LEG. COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
73725	PR MR ANGIO LOWER EXTREM (MRA)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74018	CHG RADIOLOGIC EXAM ABDOMEN 1 VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74019	CHG RADIOLOGIC EXAM ABDOMEN 2 VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74021	CHG RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74022	CHG RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)	MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74150	PR CT SCAN,ABDOMEN,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74160	PR CT SCAN OF ABDOMEN CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74170	PR CT SCAN OF ABDOMEN COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74174	PR CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMGES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74175	PR CT ANGIO, ABD, COMBO,INCL IMAGE PROC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74176	CHG CT SCAN,ABDOMENT AND PELVIS,W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74177	CHG CT SCAN,ABDOMENT AND PELVIS,W CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74178	CHG CT SCAN,ABDOMENT AND PELVIS,COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74181	PR MRI, ABDOMEN (MRI)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74182	PR MRI, ABDOMEN W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74183	PR MRI, ABDOMEN, COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74185	PR MR ANGIO ABDOMEN (MRA)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74190	PR X-RAY PERITONEUM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74210	CHG RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74220	CHG RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74221	CHG RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74230	CHG RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
74235	PR REMOVE ESOPHAGUS OBSTRUCTION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74240	CHG RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74246	CHG RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74248	CHG RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74250	CHG RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74251	CHG RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74261	CHG CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74262	CHG CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74263	CHG CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74270	CHG RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74280	CHG RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74283	PR X-RAY B.E. REDUCTN INTUSS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74290	PR X-RAY GALLBLADDER SINGLE DOSE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74300	PR X-RAY OPER CHOLANGIOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74301	PR X-RAY OPER CHOLANGIO ADDNL SET	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74328	PR X-RAY FOR BILE DUCT ENDOSCOPY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74329	PR X-RAY FOR PANCREAS ENDOSCOPY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74330	PR X-RAY BILE/PANCREAS ENDOSCOPY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74340	CHG INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74355	PR X-RAY GUIDE ENTEROCLYSIS TUBE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74360	PR X-RAY GUIDE, GI DILATION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74363	PR PERCUT TRANSHEPAT DILAT,BILE DUCT STRICT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74400	PR X-RAY IV PYELOGRAM (IVP)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74410	PR X-RAY IV PYELOGRAM +DRIP INFUSN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74415	PR X-RAY IV PYELOGRAM +TOMOGRAPHY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74420	PR X-RAY RETROGRADE PYELOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74425	CHG ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74430	X-RAY CYSTOGRAM, MIN 3 VIEW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74440	PR X-RAY VESICULOGM MALE GENL TRCT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74445	PR X-RAY PENIS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74450	PR X-RAY URETHROCYSTOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74455	PR X-RAY URETHROCYSTOGRAM +VOIDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2021
74470	PR X-RAY RENAL CYST XLUMBAR +CONTRST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74485	CHG DILATION URETERS/URETHRA RS&I	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74712	CHG FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74713	CHG FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74740	PR X-RAY HYSTEROSALPINGOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
74740	PR X-RAY HYSTEROSALPINGOGRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
74775	PR X-RAY PERINEOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75557	CHG CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75559	CHG CARDIAC MRI W/O CONTRAST W STRESS IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75561	CHG CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75563	CHG CARDIAC MRI W/W/O CONTRAST W STRESS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75565	CARD MRI VELOC FLOW MAPPING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75571	PR UNDER DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING) PROCEDURES OF THE HEART	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75572	PR CT HRT W/3D IMAGE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75573	CHG CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75574	PR CT ANGIO HRT W/3D IMAGE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75580	N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75600	PR ANGIO AORTOGRAM THORACIC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75605	PR ANGIO AORTOGRAM THOR SERIAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75625	PR ANGIO AORTOGRAM ABD SERIAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75630	PR ANGIO AORTOBIFEMORAL W CATH	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75635	PR CT ANGIO AORTOBIFEMORAL, COMBO	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75705	PR ANGIO SPINAL SELECTV	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75710	PR ANGIO EXTREMITY UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75716	PR ANGIO EXTERMITY BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75726	PR ANGIO VISCERAL SELECTV/SUBS ELEC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75731	PR ANGIO ADRENAL UNILAT SELECT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75733	PR ANGIO ADRENAL BILAT SELECT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75736	PR ANGIO PELVIS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75741	PR ANGIO PULMON UNILAT SELECT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75743	PR ANGIO PULMON BILAT SELECT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75746	PR ANGIO PULMON BILAT NONSELEC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75756	PR ANGIO INTERN MAMMARY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75774	PR ANGIO EA ADDNL SELECTV VESSEL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75801	PR LYMPHANGIO EXTREM UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75803	PR LYMPHANGIO EXTREM BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75805	PR LYMPHANGIO ABD/PELV UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75807	PR LYMPHANGIO ABD/PELV BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75809	PR NONVASCULAR SHUNTOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75810	PR VENOGRAM SPLENOPORTOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75820	PR VENOGRAM EXTREM UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75822	PR VENOGRAM EXTREM BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75825	PR VENOGRAM INFER VENA CAVA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75827	PR VENOGRAM SUPER VENA CAVA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75831	PR VENOGRAM RENAL UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75833	PR VENOGRAM RENAL BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75840	PR VENOGRAM ADRENAL UNILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75842	PR VENOGRAM ADRENAL BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75860	PR VENOGRAM SINUS/JUGULAR	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75870	PR VENOGRAM SUPER SAG SINUS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75872	PR VENOGRAM EPIDURAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75880	PR VENOGRAM ORBITAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75885	PR PERCUT XHEPATIC PORTO +DYNAMIC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75887	PR PERCUT XHEPATIC PORTOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75889	PR VENOGRAM HEPATIC W HEMODYNAMICS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75891	PR VENOGRAM HEPATIC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75893	PR VENOUS SAMPLING BY CATHETER	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75894	PR TRANSCATHETER RX EMBOLIZATN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75898	CHG ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75901	PR REMOVE,OBST MATL,CVA DEV VIA SEP VEN ACC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75902	PR REMOVE,OBST MATL,CVA DEVICE VIA LUMEN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75956	PR ENDOVASC REPAIR THOR AORTA INCL SUBCLAVIAN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75957	PR ENDOVASC REPAIR THOR AORTA EXCL SUBCLAVIAN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75958	PR PROXIMAL EXTENS DURNG ENDOVASC REPR THOR AORTA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75959	PR DELAYED PROX EXTENS ENDOVASC REPR THOR AORTA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75970	PR VASCULAR BIOPSY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
75984	CHANGE PERCUT TUBE/DRAIN CATH W CONTRAST MONIT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
75989	PR RAD GUIDED,PERCUT DRAINAGE,W/CATH PLACE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76000	CHG FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76010	PR X-RAY NOSE-RECTUM CHILD F.B.	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76080	PR X-RAY FISTULA,ABSCESS,SINUS TRACT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76098	PR X-RAY EXAM, BREAST SPECIMEN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76100	PR X-RAY TOMOGRAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76120	PR CINE/VIDEORADIOLOGY,EXC WHERE SPEC INCL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76125	PR CINE/VIDEORADIOGRAPHY W/ROUTINE EXAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76145	CHG MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76376	CHG 3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76377	CHG 3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76380	PR CT SCAN,LIMITED/ LOCALIZED F/U STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76390	PR MRI SPECTROSCOPY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76391	CHG MAGNETIC RESONANCE ELASTOGRAPHY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76496	CHG UNLISTED FLUOROSCOPIC PROCEDURE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76497	PR UNLISTED CT PROCEDURE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76498	PR UNLISTED MR PROCEDURE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76499	CHG UNLISTED DX RADIOGRAPHIC PROCEDURE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76506	US, HEAD, REAL TIME	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76510	US, EYE, B-SCAN & QUANT A-SCAN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76510	US, EYE, B-SCAN & QUANT A-SCAN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76511	US, EYE A-SCAN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76512	US, EYE B-SCAN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76512	US, EYE B-SCAN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76513	CHG DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76513	CHG DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76514	US, EYE, FOR CORNEAL THICKNESS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76514	US, EYE, FOR CORNEAL THICKNESS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76516	US, EYE BIOMETRY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76516	US, EYE BIOMETRY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76519	US, EYE BIOMETRY W LENS CALC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76519	US, EYE BIOMETRY W LENS CALC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76529	US, EYE F.B. LOCALIZATION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76536	US, HEAD/NECK TISSUES,REAL TIME	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76604	US, CHEST,REAL TIME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
76641	CHG US BREAST UNI REAL TIME WITH IMAGE COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76642	CHG US BREAST UNI REAL TIME WITH IMAGE LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
76700	US, ABDOM,B-SCAN &/OR REAL TIME,COMPLETE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76705	US, ABDOMEN LIMITED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76706	CHG US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76770	PR US,RETROPERIT,REAL TIME,COMPLETE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76775	US, RETROPERITNL ABD, LTD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76776	PR US,TRANSPLANTED KIDNEY, REAL TIME/ DOPPLER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
76800	US, SPINAL CANAL & CONTENTS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76801	US, OB < 14 WKS, SINGLE FETUS	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76801	US, OB < 14 WKS, SINGLE FETUS	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76802	US, OB < 14 WKS, ADD'L FETUS	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76802	US, OB < 14 WKS, ADD'L FETUS	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76805	US, OB >/= 14 WKS, SNGL FETUS	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76805	US, OB >/= 14 WKS, SNGL FETUS	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76810	US, OB >/= 14 WKS, ADDL FETUS	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76810	US, OB >/= 14 WKS, ADDL FETUS	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76811	PR US,PREGUTER,FET & MAT,+ DETL FET EXM	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76811	PR US,PREGUTER,FET & MAT,+ DETL FET EXM	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76812	PR US,PREGUTER,FET & MAT,+ DETL FET,ADDL	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76812	PR US,PREGUTER,FET & MAT,+ DETL FET,ADDL	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76813	CHG US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76813	CHG US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76814	CHG US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76814	CHG US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76815	PR US,PREGNANT UTERUS,LIMITED, 1/> FETUSES	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76815	PR US,PREGNANT UTERUS,LIMITED, 1/> FETUSES	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76816	PR US,PREGNANT UTERUS,F/U,TRANSABD APP	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76816	PR US,PREGNANT UTERUS,F/U,TRANSABD APP	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76817	PR US,PREGNANT UTERUS,TRANS VAGINAL	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 4 US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: IF MORE THAN 4 US, AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76817	PR US,PREGNANT UTERUS,TRANS VAGINAL	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED IF 4 OR LESS US, 5 OR GREATER US REQUESTS MAY BE SUBMITTED VIA THE PROVIDER PORTAL UTILIZING THE REFERRAL REASON CODE "OB ULTRASOUND > 4" OR MAY BE SUBMITTED VIA FAX OR PHONE RENDERING PROVIDER: NO AUTH REQUIRED FOR UNLIMITED QUANTITY OF US IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		8/1/2021
76818	PR FETAL BIOPHYSICAL PROFILE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76819	PR FETAL BIOPHYS PROF,W/O NST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
76820	CHG US DOPPLER FETAL UMBILICAL ARTERY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2021
76820	CHG US DOPPLER FETAL UMBILICAL ARTERY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2021
76820	CHG US DOPPLER FETAL UMBILICAL ARTERY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76821	CHG US DOPPLER FETAL MID CEREBRAL ARTERY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2021
76821	CHG US DOPPLER FETAL MID CEREBRAL ARTERY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2021
76825	PR SONO FETAL HEART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
76826	PR SONO FETAL HEART F/U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
76827	PR SONO FETAL HEART DOPPLER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76828	PR SONO FETAL HRT DOPPL F/U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
76830	PR ECHOGRAPHY, TRANSVAGINAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76831	PR SONO EXAM, HYSTEROSONOGRAPHY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76831	PR SONO EXAM, HYSTEROSONOGRAPHY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
76856	PR US,PELVIC (NONOBSTETRIC),REAL TIME,COMPLETE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76857	PR US,PELVIC (NONOBSTETRIC),REAL TIME,LIMITED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76870	PR ECHO,SCROTUM & CONTENTS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76872	PR ECHO,TRANSRECTAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76873	PR ECHO,TRANSRECTAL,PROSTATE VOL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76881	CHG US COMPL JOINT R-T W/IMAGE DOCUMENTATION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76882	CHG US LMTD JOINT/ FOCAL EVALUATION OTH NONVASC XTR STRUX R-T W/IMG	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76883	PR ULTRASOUND, NERVE(S) AND ACCOMPANYING STRUCTURES THROUGHOUT THEIR ENTIRE ANATOMIC COURSE IN ONE EXTREMITY, COMPREHENSIVE, INCLUDING REAL-TIME CINE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76885	CHG US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76886	CHG US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76932	PR SONO GUIDE HEART BIOPSY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76936	PR US GUID,COMP REPAIR,PSEUDO-ANEUR/AV FIST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76937	PR US GUIDE, VASCULAR ACCESS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76940	PR US GUIDE, TISSUE ABLATION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76941	PR SONO GUIDE INTRAUTER XFUSN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A MATERNAL-FETAL MEDICINE (MFM)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76941	PR SONO GUIDE INTRAUTER XFUSN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH REQUIRED IF REFERRED TO PROVIDER IS A NOT A MATERNAL-FETAL MEDICINE (MFM) EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
76942	PR SONO GUIDE NEEDLE BIOPSY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76945	PR SONO GUIDE CHOR VILL SAMPLING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76946	PR SONO GUIDE AMNIOCENTESIS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76946	PR SONO GUIDE AMNIOCENTESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
76948	PR SONO GUIDE OVA ASPIRATION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76965	PR SONO GUIDE RADIOELEMT APPLIC	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76975	PR GI ENDOSCOPIC ULTRASOUND	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76977	PR SONO BONE DENSITY MEASURE,PERI PHERAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76978	CHG ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76979	CHG ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76981	CHG ULTRASOUND ELASTOGRAPHY PARENCHYMA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76982	CHG ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76983	CHG ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76984	ULTRASOUND OF CHEST AORTA DURING SURGERY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76987	ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76988	ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INCLUDING PLACEMENT AND MANIPULATION OF TRANSDUCER AND IMAGE ACQUISITION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76989	ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEART DISEASE, INTERPRETATION AND REPORT OF RESULTS ONLY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
76998	PR ULTRASONIC GUIDANCE, INTRAOPERATIVE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77001	PR FLUOROGUIDE CNTRL VEN ACCESS,PLACE ,REPLACE,REMOVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77002	CHG FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77003	CHG FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77011	PR CT GUIDANCE STEREOTACTIC LOCALIZATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77012	PR CT GUIDANCE NEEDLE PLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
77013	PR CT GUIDANCE TISSUE ABLATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77014	PR CT GUIDANCE PLACEMENT RAD THERAPY FIELDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77021	CHG MRI GUIDANCE NEEDLE PLACEMENT RS&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77022	CHG MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77046	CHG MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77047	CHG MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77048	CHG MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77049	CHG MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77053	PR MAMMARY DUCTOGRAM, SINGLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77054	PR MAMMARY DUCTOGRAM, MULTIPLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77063	CHG SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77065	CHG DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77066	CHG DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77067	CHG SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77071	CHG MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77072	PR X-RAYS FOR BONE AGE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77073	PR X-RAYS, BONE LENGTH STUDIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77074	PR X-RAYS, BONE SURVEY, LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77075	PR X-RAYS, BONE SURVEY COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77076	PR X-RAYS, BONE SURVEY, INFANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77077	PR JOINT SURVEY, SINGLE VIEW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77078	PR CT BONE DENS STUDY, 1+ SITE,AXIAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77080	PR DEXA,BONE DENSITY,AXIAL SKELETON	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77081	PR DEXA,BONE DENSITY,APPENDICULR SKELTN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77084	PR MRI, BONE MARROW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77085	CHG DXA BONE DENSITY STUDY AXIAL SKELETON	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77086	CHG VERTEBRAL FRACTURE ASSESSMENT VIA DXA	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77261	CHG RADIATION THERAPY PLAN SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77262	CHG RADIATION THERAPY PLAN INTERM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77263	CHG RADIATION THERAPY PLAN COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77280	CHG SET RADN THERAPY FIELD SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77285	CHG SET RADN THERAPY FIELD INTERME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77290	CHG SET RADN THERAPY FIELD COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77293	CHG RESPIRATORY MOTION MANAGEMENT SIMULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77295	CHG 3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77299	CHG RADN THERAPY PLANNING UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77300	CHG RADIATION THERAPY,DOSIMETRY PLAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77301	CHG INTEN MOD RADIOTHER PLAN W/DOSE VOL HIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77306	CHG TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77307	CHG TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77316	CHG BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77317	CHG BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77318	CHG BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77321	CHG TELETHER ISO-PORT PLAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77331	CHG SPECIAL RADIATION DOSIMETRY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
77332	CHG RADN TREATMENT AID(S) SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77333	CHG RADN TREATMENT AID(S) INTERM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77334	CHG RADN TREATMENT AID(S) COMPLX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77336	CHG RADN PHYSICS CONSULT CONTINUING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77338	CHG MLC IMRT DESIGN & CONSTRUCTIO N PER IMRT PLAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77370	CHG RADN PHYSICS CONSULT SPECIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
77371	CHG RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77373	PR RADN RX DELIV,BODY, EACH FRACTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77385	CHG INTENSITY MODULATED RADIATION TX DLVR SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77386	CHG INTENSITY MODULATED RADIATION TX DLVR COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77387	CHG GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77399	CHG RADIATION DOSIMETRY UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77401	CHG RADIATION TX DELIVERY SUPERFICIAL&/ ORTHO VOLTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77402	CHG RADIATION TREATMENT DELIVERY 1 MEV+ SIMPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77407	CHG RADIATION TREATMENT DELIVERY 1 MEV+ INTERMEDIATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77412	CHG RADIATION TREATMENT DELIVERY 1 MEV+ COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77417	CHG THERAPEUTIC RADIOLOGY PORT IMAGES (S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77423	PR NEUTRON BEAM TREATMENT, COMPLEX	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77424	PR INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77425	PR INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77427	CHG RADIATION,MANGEMENT,5 TX'S	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77431	CHG RADIATION THERAPY MANAGEMENT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77432	STEREOTACTIC RADIATION TX MANAGEMENT CRANIAL LESION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77435	PR RADN RX DELIV,BODY, MANAGEMENT, PER COURSE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77469	PR INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77470	PR SPECIAL TREATMENT PROCEDURE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77499	CHG RADIATION,MANGEMENT,THERAP-OTH	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77520	CHG PROTON BEAM DEL,SIMPLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77522	CHG PROTON BEAM DEL,SINGLE, W/COMPENSAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77523	CHG PROTON,BEAM DEL,INTERMED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
77525	CHG PROTON BEAM DEL,MULTIPLE, COMPLEX	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77750	CHG INFUSE RADIOACTIVE MATERIALS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77761	CHG INTRACAV RADIOELEM APPL SIMPLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77762	CHG INTRACAV RADIOELEM APPL INTERM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77763	CHG INTRACAV RADIOELEM APPL COMPLX	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77767	CHG HDR RDNCL SKN SURF BRACHYTX LES </2CM/1 CHAN	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77768	CHG HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/ MLT LES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77770	CHG HDR RDNCL NTRSTL/INTRC AV BRACHYTX 1 CHANNEL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77771	CHG HDR RDNCL NTRSTL/INTRC AV BRACHYTX 2-12 CHANNEL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77772	CHG HDR RDNCL NTRSTL/INTRC AV BRACHYTX >12 CHANNELS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77778	CHG INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77789	CHG SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
77790	PR RADIOELEMENT HANDLING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
77799	PR RADIUM/RADIOISOTOPE THERAPY UNLIST	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78012	CHG THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78013	CHG THYROID IMAGING WITH VASCULAR FLOW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78014	CHG THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78015	PR THYROID MET IMAGING LTD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78016	PR THYROID MET IMAGING ADDN LTD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78018	PR THYROID MET IMAGING BODY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78020	PR THYROID MET UPTAKE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78070	CHG PARATHYROID PLANAR IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78071	CHG PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78072	CHG PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78075	PR ADRENAL NUCLEAR IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78099	PR ENDOCRINE NUCLEAR PROCEDURE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78102	PR BONE MARROW IMAGING, LTD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78103	PR BONE MARROW IMAGING, MULT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78104	PR BONE MARROW IMAGING, BODY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78110	PR PLASMA VOLUME, SINGLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78111	PR PLASMA VOLUME, MULTIPLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78120	PR RED CELL MASS, SINGLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78121	PR RED CELL MASS, MULTIPLE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78122	PR BLOOD VOLUME	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78130	CHG RED CELL SURVIVAL STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78140	PR RED CELL SEQUESTRATION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78185	PR SPLEEN IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78191	PR PLATELET SURVIVAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78195	PR LYMPHATICS & LYMPH GLANDS IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78199	PR BLOOD/LYMPH NUCLEAR EXAM UNLISTED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78201	PR LIVER IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78202	PR LIVER IMAGING WITH FLOW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78215	PR LIVER AND SPLEEN IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78216	PR LIVER & SPLEEN IMAGE, FLOW	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78226	PR HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78227	CHG HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78230	PR SALIVARY GLAND IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78231	PR SERIAL SALIVARY IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78232	PR SALIVARY GLAND FUNCTION EXAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78258	PR ESOPHAGEAL MOTILITY STUDY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78261	PR GASTRIC MUCOSA IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78262	PR GASTROESOPHAGEAL REFLUX EXAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78264	CHG GASTRIC EMPTYING IMAGING STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78265	CHG GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
78266	CHG GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
78267	PR BREATH TEST,ACQUIRE/ANALYZE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78268	PR BREATH TEST,ANALYZE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78278	PR ACUTE GI BLOOD LOSS IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78282	PR GI PROTEIN LOSS EXAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78290	PR BOWEL IMAGING	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78291	PR LEVEEN/SHUNT PATENCY EXAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78299	PR GI NUCLEAR PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78300	PR BONE IMAGING, LIMITED AREA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78305	PR BONE IMAGING, MULTIPLE AREAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78306	PR BONE IMAGING, WHOLE BODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78315	PR BONE IMAGING, 3 PHASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78320	PR BONE IMAGING (SPECT)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78350	PR BONE MINERAL, SINGLE PHOTON	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78399	PR MUSCULOSKELETAL NUCLEAR EXAM	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
78414	PR NON-IMAGING HEART FUNCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78428	PR CARDIAC SHUNT IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78429	CHG MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78430	CHG MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78431	CHG MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78432	CHG MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78433	CHG MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78434	CHG AQMBF PET REST AND PHARMACOLOGIC STRESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78445	PR VASCULAR FLOW IMAGING,NONCARDIAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78451	HT MUSCLE IMAGE SPECT SING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78452	HT MUSCLE IMAGE SPECT MULT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78453	HEART MUSCLE IMAGE PLANAR SING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78454	CHG MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78455	CHG VENOUS THROMBOSIS STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78456	PR IMAG,ACUTE VENOUS THRMBSIS,PEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78457	PR IMAG,ACUTE VENOUS THRMBSIS,UNIL AT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78458	PR VEN THROMBOSIS IMAGES, BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78466	PR HEART INFARCT IMAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78468	PR HEART INFARCT IMAGE W EF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78472	PR GATED HEART, PLANAR SINGLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78473	PR GATED HEART, MULTIPLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78481	PR HEART FIRST PASS SINGLE,PLANAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78483	PR HEART FIRST PASS MULTIPLE,PLANAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78494	PR HEART IMAGE, SPECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78496	PR HEART FIRST PASS ADD-ON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78499	PR CARDIOVASC NUCL EXAM UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78579	PR PULMONARY VENTILATION IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78580	PR PULMONARY PERFUSION IMAGING PARTICULATE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78582	PR PULMONARY VENTILATION & PERFUSION IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78597	PR QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78598	PR QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78599	PR RESP NUCLEAR EXAM UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78600	BRAIN IMAGING < 4 STATIC VIEWS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78601	BRAIN IMAGING < 4 STATIC VIEWS W VASCULAR FLOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78605	BRAIN IMAGING MIN 4 STATIC VIEWS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78608	PR BRAIN IMAGING PET METABOLIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78609	PR BRAIN IMAGING PET PERFUSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78610	PR BRAIN FLOW IMAGING ONLY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78630	PR CSF FLUID SCAN CISTERNOGRAPHY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78635	PR CSF VENTRICULOGRAPHY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78645	PR CSF SHUNT EVALUATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78650	PR CSF LEAKAGE DETECTION & LOCALIZATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78660	PR NUCLEAR TEAR FLOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78699	PR NERV SYS NUCL EXAM UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78700	PR RENAL IMAGING, MORPHOLOGY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78701	PR RENAL IMAGING, MORPH W/ FLOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78707	PR RENAL IMAGING, MORPH W/ FLOW/FUNC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78708	PR RENAL IMAGING, MORPH W/ FLOW/FUNC, PHARM, SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
78709	PR RENAL IMAGING, MORPH W/ FLOW/FUNC, PHARM, MULTI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78725	PR RENAL FUNCTION STUDY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78730	PR URINARY BLADDER RESIDUAL, ADD-ON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78740	PR URETERAL REFLUX STUDY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78761	PR TESTICULAR IMAGING & FLOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78799	PR GU NUCLEAR EXAM UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78800	CHG RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78801	CHG RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78802	CHG RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78803	CHG RP LOCLZJ TUM SPECT 1 AREA SINGLE DAY IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78804	CHG RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78812	PET IMAGING SKULL BASE TO MID-THIGH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78813	PET IMAGING WHOLE BODY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
78830	CHG RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY IMAGING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
78831	CHG RP LOCLZJ TUM SPECT 2 AREA 1D IMG/1 AREA IMG>2+D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
78832	CHG RP LOCLZJ TUM SPECT CT 2AREA 1D IMG/1 AR IMG>2+D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
78835	CHG RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
78999	CHG NUCLEAR DIAGNOSTIC EXAM UNLISTED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
79005	CHG NUC THERAPY INTRACAVITARY RADIOCOLLOID	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
79101	CHG NUC THERAPY INTRA-ARTERIAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
79200	PR NUCLEAR THERAPY, INTRACAVITARY	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
79300	PR NUCLEAR THERAPY, INTERSTITIAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
79403	PR NUCLEAR THERAPY, MONOCLONAL AB	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
79440	PR NUCLEAR THERAPY, INTRA-ARTICULAR	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
79445	PR NUCLEAR THERAPY, INTRA-ARTERIAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
79999	PR NUCLEAR THERAPY, UNLISTED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80047	CHG BASIC METABOLIC PANEL CALCIUM IONIZED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80050	CHG GENERAL HEALTH PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80051	CHG ELECTROLYTE PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80053	CHG METABOLIC PANEL,COMPREHENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80055	CHG OBSTETRIC PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80061	CHG LIPID PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80069	CHG RENAL FUNCTION PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80074	CHG HEPATITIS PANEL,ACUTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80076	CHG HEPATIC FUNCTION PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80081	CHG OBSTETRIC PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80143	CHG DRUG ASSAY ACETAMINOPHEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80145	CHG DRUG ASSAY ADALIMUMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80150	CHG ASSAY OF AMIKACIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80151	CHG DRUG ASSAY AMIODARONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80155	CHG DRUG SCREEN QUANTITATIVE CAFFEINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80156	ASSAY OF CARBAMAZEPINE TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80157	ASSAY OF ASSAY CARBAMAZEPINE, FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80158	CHG ASSAY OF CYCLOSPORINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80159	CHG DRUG SCREEN QUANTITATIVE CLOZAPINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80161	CHG DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80162	CHG DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80163	CHG DRUG SCREEN QUANTITATIVE DIGOXIN FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80164	CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80165	CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80167	CHG DRUG ASSAY FELBAMATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80168	CHG ASSAY OF ETHOSUXIMIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80169	CHG DRUG SCREEN QUANTITATIVE EVEROLIMUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80170	ASSAY OF GENTAMICIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80171	CHG DRUG SCREEN QUANTITATIVE GABAPENTIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80173	ASSAY OF HALOPERIDOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80175	CHG DRUG SCREEN QUANTITATIVE LAMOTRIGINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80176	ASSAY OF LIDOCAINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80177	CHG DRUG SCREEN QUANTITATIVE LEVETIRACETAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80178	ASSAY OF LITHIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80179	CHG DRUG ASSAY SALICYLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80180	CHG DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80181	CHG DRUG ASSAY FLECAINIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80182	ASSAY OF NORTRIPTYLINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80183	CHG DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80184	ASSAY OF PHENOBARBITAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80185	ASSAY OF PHENYTOIN, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80186	ASSAY OF PHENYTOIN, FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80187	CHG DRUG ASSAY POSACONAZOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80188	ASSAY OF PRIMIDONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80189	CHG DRUG ASSAY ITRACONZAOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80190	ASSAY OF PROCAINAMIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80192	ASSAY OF PROCAINAMIDE W METABOLITES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80193	CHG DRUG ASSAY LEFLUNOMIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80194	ASSAY OF QUINIDINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80195	PR ASSAY OF SIROLIMUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80197	ASSAY OF TACROLIMUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80198	ASSAY OF THEOPHYLLINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80199	CHG DRUG SCREEN QUANTITATIVE TIAGABINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80200	ASSAY OF TOBRAMYCIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80201	ASSAY OF TOPIRAMATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80202	ASSAY OF VANCOMYCIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80203	CHG DRUG SCREEN QUANTITATIVE ZONISAMIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80204	CHG DRUG ASSAY METHOTREXATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80210	CHG DRUG ASSAY RUFINAMIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80220	CHG DRUG ASSAY HYDROXYCHLOROQUINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80230	CHG DRUG ASSAY INFLIXIMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80235	CHG DRUG ASSAY LACOSAMIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80280	CHG DRUG ASSAY VEDOLIZUMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80285	CHG DRUG ASSAY VORICONAZOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80299	CHG QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80305	CHG DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80306	CHG DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80306	DRUG TEST TOXICOLOGY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80307	CHG DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80320	CHG DRUG SCREEN QUANTITATIVE ALCOHOLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80321	CHG DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80322	CHG DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80323	CHG ALKALOIDS NOT OTHERWISE SPECIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80324	CHG DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80325	CHG DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80326	CHG DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80327	CHG DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80328	CHG DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80329	CHG DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80330	CHG DRUG SCREEN ANALGESICS NON-OPIOID 3-5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80331	CHG DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80332	CHG ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80333	CHG ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80334	CHG ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80335	CHG ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80336	CHG ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80337	CHG ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80338	CHG ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80339	CHG ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80340	CHG ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80341	CHG ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80342	CHG ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80343	CHG ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80344	CHG ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80345	CHG DRUG SCREENING BARBITURATES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80346	CHG DRUG SCREENING BENZODIAZEPINES 1-12	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80347	CHG DRUG SCREENING BENZODIAZEPINES 13 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80348	CHG DRUG SCREENING BUPRENORPHINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80349	CHG DRUG SCREENING CANNABINOIDS NATURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80350	CHG DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80351	CHG DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80352	CHG DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80353	CHG DRUG SCREENING COCAINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80354	CHG DRUG SCREENING FENTANYL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80355	CHG DRUG SCREENING GABAPENTIN NON-BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80356	CHG DRUG SCREENING HEROIN METABOLITE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80357	CHG DRUG SCREENING KETAMINE AND NORKETAMINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80358	CHG DRUG SCREENING METHADONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80359	CHG DRUG SCREENING METHYLENEDI OXYAMPHETAM INES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80360	CHG DRUG SCREENING METHYLPHENI DATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80361	CHG DRUG SCREENING OPIATES 1 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80362	CHG DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80363	CHG DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80364	CHG DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80365	CHG DRUG SCREENING OXYCODONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80366	CHG DRUG SCREENING PREGABALIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80367	CHG DRUG SCREENING PROPOXYPHENE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80368	CHG DRUG SCREENING SEDATIVE HYPNOTICS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80369	CHG DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80370	CHG DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80371	CHG DRUG SCREENING STIMULANTS SYNTHETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80372	CHG DRUG SCREENING TAPENTADOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80373	CHG DRUG SCREENING TRAMADOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80374	CHG DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80375	CHG DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80376	CHG DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80377	CHG DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80400	CHG ACTH STIM PANEL, ADR INSUFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80402	CHG ACTH STIM PANEL, 21 HYDROX DEF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80406	CHG ACTH STIM PANEL, 3 BETAHYDROX DEF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80408	CHG ALDOSTERONE SUPPRESSION EVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80410	CHG CALCITONIN STIMUL PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80412	CHG CRH STIMULATION PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80414	CHG TESTOSTERON E RESPONSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80415	CHG CHORNC GONAD STIMJ PNL TOTAL ESTRADIOL RESPONSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80416	CHG RENIN STIM PANEL VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80417	CHG RENIN STIM PANEL PERIPH VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80418	CHG PITUITARY EVALUATION PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80420	CHG DEXAMETHASO NE PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80422	CHG GLUCAGON TOLER PANEL,INSULIN OMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80424	CHG GLUCAGON TOLER PANEL,PHEOC HROM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80426	CHG GONADOTROPIN HORMONE PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80428	CHG GROWTH HORMONE STIMUL PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80430	CHG GROWTH HORMONE SUPPRES PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80432	CHG INSULIN SUPPRESSION PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80434	CHG INSULIN TOLERANCE PANEL,ACTH INSUFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80435	CHG INSULIN TOLERANCE PANEL,GROWTH HOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80436	CHG METYRAPONE PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80438	CHG TRH STIM PANEL, 1 HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80439	CHG TRH STIM PANEL, 2 HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
80503	CHG PATHOLOGY CLINICAL CONSULTATIO N SF MDM 5-20 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80504	CHG PATHOLOGY CLINICAL CONSULTATIO N MOD MDM 21-40MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80505	CHG PATHOLOGY CLINICAL CONSULTATIO N HI MDM 41-60 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
80506	CHG PATHOLOGY CLINICAL CONSLTJ PROLNG SVC EA ADDL 30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81000	CHG URINALYSIS, NONAUTO, W/SCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81001	CHG URINALYSIS, AUTO, W/SCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81002	CHG URINALYSIS NONAUTO W/O SCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81003	CHG URINALYSIS, AUTO, W/O SCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81005	CHG URINALYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81007	CHG URINE SCREEN FOR BACTERIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81015	CHG MICROSCOPIC EXAM OF URINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81020	CHG URINALYSIS, GLASS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81025	CHG URINE PREGNANCY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81050	CHG URINALYSIS, VOLUME MEASURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81099	CHG URINALYSIS TEST PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81105	CHG HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81106	CHG HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81107	CHG HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81108	CHG HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81109	CHG HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81110	CHG HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81111	CHG HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81112	CHG HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81120	CHG IDH1 COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81120	CHG IDH1 COMMON VARIANTS	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81121	CHG IDH2 COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81161	CHG DMD DUPLICATION/DELETION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81162	CHG BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81163	CHG BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81164	CHG BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81165	CHG BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81166	CHG BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81167	CHG BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81168	CHG CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL&QUAN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81170	CHG ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81171	PR GENE ANALYSIS (FRAGILE X INTELLECTUAL DISABILITY 2) FOR DETECTION OF ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81172	PR GENE ANALYSIS (FRAGILE X INTELLECTUAL DISABILITY 2) FOR CHARACTERIZATION OF ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81173	CHG AR GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81174	CHG AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81175	CHG ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81176	CHG ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81177	CHG ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81177	CHG ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81178	CHG ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81179	CHG ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81180	CHG ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81181	CHG ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81182	CHG ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81183	CHG ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81184	CHG CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81185	CHG CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81186	CHG CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81187	CHG CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81188	CHG CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81189	CHG CSTB GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81190	CHG CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81191	CHG NTRK1 TRANSLOCATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81192	CHG NTRK2 TRANSLOCATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81193	CHG NTRK3 TRANSLOCATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81194	CHG NTRK TRANSLOCATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81200	PR ASPA GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81201	CHG APC GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81202	CHG APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81203	CHG APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81204	CHG AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81205	PR BCKDHB GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81206	PR BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81207	PR BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81208	PR BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81209	PR BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81210	CHG BRAF GENE ANALYSIS V600 VARIANT(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81212	CHG BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81215	CHG BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81216	CHG BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81217	CHG BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81218	CHG CEBPA GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81219	CHG CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81220	PR CFTR GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Cystic Fibrosis): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Cystic-Fibrosis.pdf MD GUIDELINE 2 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 3 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81220	PR CFTR GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Cystic Fibrosis): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Cystic-Fibrosis.pdf MD GUIDELINE 2 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 3 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81221	PR CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Cystic Fibrosis): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Cystic-Fibrosis.pdf MD GUIDELINE 2 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 3 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81222	PR CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Cystic Fibrosis): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Cystic-Fibrosis.pdf MD GUIDELINE 2 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 3 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81223	PR CFTR GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Cystic Fibrosis): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Cystic-Fibrosis.pdf MD GUIDELINE 2 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 3 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81224	PR CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81225	PR CYP2C19 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81226	PR CYP2D6 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81227	PR CYP2C9 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81228	CHG CYTOG ALYS CHRMOML ABNOR COPY NUMBER VRNT CGH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81229	CHG CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81229	CHG CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81230	CHG CYP3A4 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81231	CHG CYP3A5 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81232	CHG DYPD GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81233	CHG BTK GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81234	CHG DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81235	CHG EGFR GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81236	CHG EZH2 GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81237	CHG EZH2 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81238	CHG F9 FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81239	CHG DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81240	PR F2 GENE ANALYSIS 20210G >A VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81241	PR F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81242	PR FANCC GENE ANALYSIS COMMON VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81243	PR GENE ANALYSIS (FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY) FOR DETECTION OF ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81244	CHG FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81245	CHG FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81246	CHG FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81247	CHG G6PD GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81248	CHG G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81249	CHG G6PD GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81250	PR G6PC GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81251	PR GBA GLUCOSIDASE/ BETA/ACID ANAL COMM VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81252	CHG GJB2 GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81253	CHG GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81254	CHG GJB6 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81255	PR HEXA GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81256	PR HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81257	CHG HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81258	CHG HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81259	CHG HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81260	PR IKBKAP GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81261	PR IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81262	PR IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81263	PR IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81264	PR IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81265	PR COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81266	PR COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81267	PR CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81268	PR CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81269	CHG HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81270	PR JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81271	CHG HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81272	CHG KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81273	CHG KIT GENE ANALYSIS D816 VARIANT(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81274	CHG HTT GENE ANALYSIS CHARACTERIZATION ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81275	CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81276	CHG KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81277	CHG CYTOGENOMIC NEOPLASIA MIRCROARRAY ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81278	CHG IGH@/BCL2 TLCJ ALYS MBR & MCR BP QUAL/QUAN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81279	CHG JAK2 TARGETED SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
81283	CHG IFNL3 GENE ANALYSIS RS12979860 VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81284	CHG FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81285	CHG FXN GENE ANALYSIS CHARACTERIZATION ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81286	CHG FXN GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81287	CHG MGMT GENE PROMOTER METHYLATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81288	CHG MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81289	CHG FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81290	PR MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81291	PR MTHFR GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81292	PR MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81293	PR MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81294	PR MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81295	PR MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81296	PR MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81297	PR MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81298	PR MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81299	PR MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81300	PR MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81301	PR MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81302	PR MECP2 GENE ANALYSIS FULL SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81303	PR MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81304	PR MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81305	CHG MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
81306	CHG NUDT15 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81307	CHG PALB2 GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
81308	CHG PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81309	CHG PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81310	PR NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81311	CHG NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81312	CHG PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81313	CHG PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81314	CHG PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81315	PR PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81316	PR PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81317	PR PMS2 GENE ANALYSIS FULL SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81318	PR PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81319	PR PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81320	CHG PLCG2 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81321	CHG PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81322	CHG PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81323	CHG PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81324	CHG PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81325	CHG PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81326	CHG PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81327	CHG SEPT9 GENE PROMOTER METHYLATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81328	CHG SLCO1B1 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81329	CHG SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81330	PR SMPD1 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81331	PR SNRPN/UBE3A METHYLATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81332	PR SERPINA1 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81333	CHG TGFBI GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81334	CHG RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81335	CHG TPMT GENE ANALAYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81336	CHG SMN1 GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81337	CHG SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81338	CHG MPL GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81339	CHG MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81340	PR TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81341	PR TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81342	PR TRG@ GENE REARRANGEMENT ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81343	CHG PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81344	CHG TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81345	CHG TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81346	CHG TYMS GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81347	CHG SF3B1 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81348	CHG SRSF2 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81349	CHG CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81350	CHG UGT1A1 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81351	CHG TP53 GENE ANALYSIS FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81352	CHG TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81353	CHG TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81355	CHG VKORC1 GENE ANALYSIS COMMON VARIANT(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81357	CHG U2AF1 GENE ANALYSIS COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81360	CHG ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81361	CHG HBB COMMON VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81362	CHG HBB KNOWN FAMILIAL VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81363	CHG HBB DUPLICATION/DELETION VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81364	CHG HBB FULL GENE SEQUENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81370	PR HLA CLASS I&II LOW HLA-A -B -C - DRB1/3/4/5&- DQB1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81371	CHG HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81372	PR HLA CLASS I TYPING LOW RESOLUTION COMPLETE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81373	PR HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81374	PR HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81375	PR HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81376	CHG HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81377	PR HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81378	PR HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81379	PR HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81380	PR HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81381	PR HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81382	CHG HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81383	PR HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81400	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81401	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81402	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81403	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81404	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81405	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81406	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81407	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81408	CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81410	CHG AORTIC DYSFUNCTION/ DILATION GENOMIC SEQ ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81411	CHG AORTIC DYSFUNCTION/ DILATION DUP/DEL ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81412	CHG ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81413	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81414	GENOMIC SEQUENCING PROCEDURES/ MOLECULAR ASSAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81415	CHG EXOME SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81416	CHG EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81417	CHG EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81419	CHG EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81420	CHG FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81422	CHG FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81425	CHG GENOME SEQUENCE ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81426	CHG GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81427	CHG GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
81430	CHG HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81431	CHG HEARING LOSS DUP/DEL ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81432	CHG HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81434	CHG HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81435	CHG HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81437	CHG HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81439	CHG HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81440	CHG NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81442	CHG NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81443	CHG GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
81445	CHG GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81448	CHG HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81449	PR TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81450	CHG GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81451	PR GENOMIC SEQUENCE ANALYSIS PANEL OF RNA OF 5-50 GENES ASSOCIATED WITH BLOOD AND LYMPHATIC SYSTEM DISORDERS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81455	CHG GEN SEQ ANALYS SOL ORG/HEMTOLM PHOID NEO 51/> GEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81456	PR TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51>GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, ID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81457	GENOMIC SEQUENCE ANALYSIS PANEL OF DNA FOR MICROSATELLITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81458	GENOMIC SEQUENCE ANALYSIS PANEL OF DNA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81459	GENOMIC SEQUENCE ANALYSIS PANEL OF DNA OR COMBINED DNA A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
81460	CHG WHOLE MITOCHONDRIAL GENOME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81462	GENOMIC SEQUENCE ANALYSIS OF DNA OR COMBINED DNA AND RNA IN PLASMA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81463	GENOMIC SEQUENCE ANALYSIS OF DNA IN PLASMA FOR COPY NUMBER VARIANTS AND MICROSATELLITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81464	GENOMIC SEQUENCE ANALYSIS OF DNA OR COMBINED DNA AND RNA IN PLASMA FOR COPY NUMBER VARIANTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
81465	CHG WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81470	CHG X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81471	CHG X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81479	CHG UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81490	CHG AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81493	CHG COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81500	CHG ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81503	CHG ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81504	CHG ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81506	CHG ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81507	CHG FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81508	CHG FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81509	CHG FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81510	CHG FETAL CONGENITAL ABNOR ASSAY THREE ANAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81511	CHG FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81512	CHG FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81513	CHG NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81514	CHG NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
81515	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
81518	CHG ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81519	CHG ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81520	CHG ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81521	CHG ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81522	CHG ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81523	CHG ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81525	CHG ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81528	CHG ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
81529	CHG ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81535	CHG ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81536	CHG ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81538	CHG ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81539	CHG ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81540	CHG ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81541	CHG ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81542	CHG ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81546	CHG ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81551	CHG ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81552	CHG ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81554	CHG PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81560	CHG TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
81595	CHG CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81596	CHG NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
81599	CHG UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
82009	CHG KETONE BODIES SERUM QUALITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82010	CHG KETONE BODIES SERUM QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82013	CHG ACETYLCHOLINESTERASE ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82016	CHG ACYLCARNITINES, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82017	CHG ACYLCARNITINES,QUANT,EACH SPEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82024	ASSAY OF ACTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82030	ASSAY OF ADP & AMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82040	ASSAY OF SERUM ALBUMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82042	CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82043	CHG URINE ALBUMIN QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82044	CHG URINE ALBUMIN SEMIQUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82045	PR ALBUMIN, ISCHEMIA MODIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82075	CHG ASSAY OF ALCOHOL (ETHANOL) BREATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82077	CHG ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82085	CHG ASSAY OF ALDOLASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82088	ASSAY OF ALDOSTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82103	CHG ALPHA-1-ANTITRYPSIN, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82104	CHG ALPHA-1-ANTITRYPSIN, PHENO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82105	CHG ALPHA-FETOPROTEIN, SERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82106	CHG ALPHA-FETOPROTEIN; AMNIOTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82107	PR ALPHA-FETOPROTEIN L3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82108	ASSAY OF ALUMINUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82120	CHG AMINES,VAGINAL FLUID,QUALITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82127	CHG AMINO ACID, SINGLE QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82128	CHG AMINO ACIDS, MULTIPLE QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82131	CHG AMINO ACIDS, SINGLE QUANTITATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82135	CHG ASSAY, AMINOLEVULINIC ACID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82136	CHG AMINO ACIDS, 2-5 QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82139	CHG AMINO ACIDS, 6+ QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82140	CHG ASSAY OF AMMONIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82143	CHG AMNIOTIC FLUID SCAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82150	CHG ASSAY OF AMYLASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82154	CHG ANDROSTANEDIOL GLUCURONIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82157	CHG ASSAY OF ANDROSTENEDIONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82160	ASSAY OF ANDROSTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82163	CHG ASSAY OF ANGIOTENSIN II	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82164	CHG ANGIOTENSIN I ENZYME TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82166	ANTI-MULLERIAN HORMONE (AMH)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82172	ASSAY OF APOLIPOPROTEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82175	CHG ASSAY OF ARSENIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82180	CHG ASSAY OF ASCORBIC ACID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82190	CHG ATOMIC ABSORPTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82232	CHG BETA-2 PROTEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82233	BETA-AMYLOID; 1-40 (ABETA 40)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
82234	BETA-AMYLOID; 1-42 (ABETA 42)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
82239	CHG BILE ACIDS, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82240	CHG BILE ACIDS, CHOLYLGLYCINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82247	CHG BILIRUBIN TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82248	CHG BILIRUBIN DIRECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82252	CHG FECAL BILIRUBIN TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82261	CHG ASSAY BIOTINIDASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82270	BLOOD OCCULT,BY PEROXID,FECES,SINGLE, COLORECTAL SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82271	PR BLOOD, OCCULT, BY PEROXID, FECES, OTHER SOURCES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82272	BLOOD OCCULT,BY PEROXID, FECES, 1-3 SIMULT, NON CA SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82274	CHG BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMULT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82286	CHG ASSAY OF BRADYKININ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82300	ASSAY OF CADMIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82306	CHG ASSAY OF VIT D,CALCIFEDIOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82308	CHG ASSAY OF CALCITONIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82310	ASSAY OF CALCIUM, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82330	ASSAY OF CALCIUM, IONIZED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82331	CHG CALCIUM INFUSION TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82340	ASSAY OF CALCIUM IN URINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82355	CHG CALCULUS,QUALITATIVE ANALYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82360	CHG CALCULUS ASSAY,QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82365	CHG CALCULUS ASSAY,INFRARED SPECTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82370	CHG X-RAY ASSAY, CALCULUS (STONE)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82373	CHG ASSAY CARBOHYDRATE DEF TRANSFERRIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82374	CHG ASSAY BLOOD CARBON DIOXIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82375	CHG ASSAY BLOOD CARBON MONOXIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82376	CHG TEST FOR CARBON MONOXIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82378	CHG CARCINOEMBRYONIC ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82379	ASSAY OF CARNITINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82380	ASSAY OF CAROTENE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82382	ASSAY, URINE CATECHOLAMINES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82383	ASSAY, BLOOD CATECHOLAMINES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82384	ASSAY, THREE CATECHOLAMINES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82387	ASSAY OF CATHEPSIN-D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82390	ASSAY OF CERULOPLASMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82397	CHG CHEMILUMINESCENT ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82415	ASSAY OF CHLORAMPHENICOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82435	ASSAY OF BLOOD CHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82436	ASSAY OF URINE CHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82438	CHG ASSAY OTHER FLUID CHLORIDES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82441	CHG TEST FOR CHLOROHYDROCARBONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82465	ASSAY, BLD/SERUM CHOLESTEROL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82480	ASSAY, SERUM CHOLINESTERASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82482	ASSAY, RBC CHOLINESTERASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82485	CHG ASSAY CHONDROITIN SULFATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82495	ASSAY OF CHROMIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82507	ASSAY OF CITRATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82523	CHG ASSAY FOR COLLAGEN CROSS LINKS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82525	ASSAY OF COPPER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82528	ASSAY OF CORTICOSTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82530	CHG CORTISOL, FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82533	CHG TOTAL CORTISOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82540	ASSAY OF CREATINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82542	CHG COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82550	ASSAY OF CK (CPK)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82552	ASSAY OF CPK IN BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82553	CHG CREATINE, MB FRACTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82554	CHG CREATINE, ISOFORMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82565	CHG CREATININE BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82570	ASSAY OF URINE CREATININE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82575	CHG CREATININE CLEARANCE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82585	ASSAY OF CRYOFIBRINOGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82595	ASSAY OF CRYOGLOBULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82600	ASSAY OF CYANIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82607	CHG VITAMIN B-12	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82608	CHG B-12 BINDING CAPACITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82610	CHG CYSTATIN C	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82615	CHG TEST FOR URINE CYSTINES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82626	CHG DEHYDROEPIANDROSTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82627	CHG DEHYDROEPIANDROSTERONE-SULFATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82633	CHG DESOXYCORTICOSTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82634	CHG DEOXYCORTISOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82638	ASSAY OF DIBUCAINE NUMBER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82642	CHG DIHYDROTESTOSTERONE (DHT)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82652	CHG ASSAY, DIHYDROXYVITAMIN D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82653	CHG ELASTASE PANCREATIC FECAL QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82656	CHG ELASTASE PANCREATIC FECAL QUAL/SEMI-QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82657	CHG ENZYME CELL ACTIVITY, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82658	CHG ENZYME CELL ACTIVITY RADIOACTV,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82664	CHG ELECTROPHORETIC TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82668	ASSAY OF ERYTHROPOIETIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82670	CHG ASSAY OF TOTAL ESTRADIOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82671	ASSAY OF ESTROGENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82672	ASSAY OF ESTROGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82677	ASSAY OF ESTRIOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82679	ASSAY OF ESTRONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82681	CHG ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82693	ASSAY OF ETHYLENE GLYCOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82696	ASSAY OF ETIOCHOLANO LONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82705	CHG FATS/LIPIDS, FECES, QUALITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82710	CHG FATS/LIPIDS, FECES, QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82715	ASSAY OF FECAL FAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82725	ASSAY OF BLOOD FATTY ACIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82726	CHG LONG CHAIN FATTY ACIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82728	ASSAY OF FERRITIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82731	ASSAY OF FETAL FIBRONECTIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82735	ASSAY OF FLUORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82746	CHG BLOOD FOLIC ACID SERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82747	ASSAY OF FOLIC ACID, RBC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82757	ASSAY OF SEMEN FRUCTOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82759	ASSAY OF RBC GALACTOKINASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82760	ASSAY OF GALACTOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82775	CHG ASSAY GALACTOSE TRANSFERASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82776	CHG GALACTOSE TRANSFERASE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82784	ASSAY OF GAMMAGLOBULIN IGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82785	ASSAY OF GAMMAGLOBULIN IGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82787	CHG IGG1, 2, 3 OR 4, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82800	CHG BLOOD PH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82803	CHG BLOOD GASES: PH, PO2 & PCO2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82805	CHG BLOOD GASES W/O2 SATURATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82810	CHG BLOOD GASES, O2 SAT ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82820	CHG HEMOGLOBIN-OXYGEN AFFINITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82930	CHG GASTRIC ACID ANALYIS W/PH EA SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82938	PR GASTRIN SECRETIN STIM TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82941	CHG ASSAY OF GASTRIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82943	CHG ASSAY OF GLUCAGON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82945	CHG ASSAY GLUCOSE, BODY FLUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82946	CHG GLUCAGON TOLERANCE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82947	ASSAY QUANTITATIVE, BLOOD GLUCOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82948	CHG REAGENT STRIP/BLOOD GLUCOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82950	CHG GLUCOSE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82951	CHG GLUCOSE TOLERANCE TEST (GTT)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82952	CHG GTT-ADDED SAMPLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82955	ASSAY OF G6PD ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82960	CHG TEST FOR G6PD ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82963	ASSAY OF GLUCOSIDASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
82965	ASSAY OF GDH ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82977	CHG ASSAY OF GGT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82977	CHG ASSAY OF GGT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82978	ASSAY OF GLUTATHIONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82978	ASSAY OF GLUTATHIONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82979	ASSAY, RBC GLUTATHIONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82979	ASSAY, RBC GLUTATHIONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82985	CHG GLYCATED PROTEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
82985	CHG GLYCATED PROTEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83001	CHG GONADOTROPIN (FSH)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83002	CHG GONADOTROPIN (LH)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83003	CHG ASSAY GROWTH HORMONE (HGH)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83006	CHG GROWTH STIMULATION EXPRESSED GENE 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83009	PR H PYLORI , BLOOD UREASE ACTIV, NON-ISOTOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83010	ASSAY OF HAPTOGLOBIN, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83012	ASSAY OF HAPTOGLOBINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83013	H. PYLORI;BREATH TEST, NON-ISOTOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83014	PR H PYLORI DRUG ADMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83015	CHG HEAVY METAL QUALITATIVE ANY ANALYTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83018	CHG HEAVY METAL QUANTIATIVE EACH NES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83020	CHG HEMOGLOBIN ELECTROPHORESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83021	CHG HEMOGLOBIN CHROMOTOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83026	CHG HEMOGLOBIN, COPPER SULFATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83030	CHG FETAL HEMOGLOBIN ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83033	CHG HEMOGLOBIN F	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83036	PR GLYCOSYLATED HEMOGLOBIN TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83037	PR GLYCOSYLATED HEMOGLOBIN, HOME DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83045	PR BLOOD METHEMOGLOBIN, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83050	PR BLOOD METHEMOGLOBIN, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83051	ASSAY OF PLASMA HEMOGLOBIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83060	CHG BLOOD SULFHEMOGLOBIN ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83065	ASSAY OF HEMOGLOBIN HEAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83068	CHG HEMOGLOBIN STABILITY SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83069	ASSAY OF URINE HEMOGLOBIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83070	ASSAY OF HEMOSIDERIN, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83080	ASSAY OF B HEXOSAMINIDASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83088	ASSAY OF HISTAMINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83090	ASSAY OF HOMOCYSTINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83150	ASSAY OF FOR HVA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83491	CHG ASSAY OF CORTICOSTEROIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83497	ASSAY OF 5-HIAA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83498	ASSAY OF PROGESTERONE 17-D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83500	ASSAY, FREE HYDROXYPROLINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83505	ASSAY, TOTAL HYDROXYPROLINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83516	CHG IMMUNOASSAY, NON ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83518	CHG IMMUNOASSAY, DIPSTICK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83519	CHG IMMUNOASSAY NONANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83520	CHG IMMUNOASSAY, RIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83521	CHG IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83525	CHG ASSAY OF INSULIN,TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83527	CHG ASSAY OF INSULIN,FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83528	ASSAY OF INTRINSIC FACTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83529	CHG ASSAY OF INTERLEUKIN-6 (IL-6)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83540	ASSAY OF IRON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83550	CHG IRON BINDING TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83570	ASSAY OF IDH ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83582	ASSAY OF KETOGENIC STEROIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83586	CHG ASSAY 17-(17-KS)KETOSTEROIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83593	CHG FRACTIONATION KETOSTEROIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83605	ASSAY OF LACTIC ACID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83615	CHG LACTATE (LD) (LDH) ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83625	ASSAY OF LDH ISOENZYMES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83630	PR LACTOFERRIN, FECAL, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83631	PR LACTOFERRIN, FECAL, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83632	CHG PLACENTAL LACTOGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83633	CHG TEST URINE FOR LACTOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83655	ASSAY OF LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83661	CHG ASSAY L/S RATIO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83662	CHG L/S RATIO, FOAM STABILITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83663	CHG L/S RATIO, FLUORESCENCE POLARIZATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83664	CHG L/S RATIO, LAMELLAR BODY DENSITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83670	ASSAY OF LAP ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83690	ASSAY OF LIPASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83695	PR ASSAY OF LIPOPROTEIN (A)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83698	PR ASSAY LIPOPROTEIN PLA2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83700	PR LIPOPRO BLOOD, ELECTROPHOR / QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83701	PR LIPOPROTEIN BLOOD, HIGH RES FRACTION/ QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83704	CHG LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83718	ASSAY OF BLOOD LIPOPROTEIN,HDL CHOLEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83719	ASSAY OF BLOOD LIPOPROTEIN,VLDL CHOLEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83721	ASSAY OF BLOOD LIPOPROTEIN,LDL CHOLEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83722	CHG DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83727	ASSAY OF LRH HORMONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83735	ASSAY OF MAGNESIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83775	CHG ASSAY OF MD ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83785	CHG ASSAY OF MANGANESE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83789	CHG MASS SPECT&TANDEM MASS SPECT NONDRG ANALNES EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83825	ASSAY OF MERCURY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83835	ASSAY OF METANEPHRINES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
83857	ASSAY OF METHEMALBUMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83861	CHG MICROFLUID ANALYSIS, TEAR OSMOLARITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83864	CHG MUCOPOLYSACCHARIDES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83872	CHG ASSAY SYNOVIAL FLUID MUCIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83873	CHG MYELIN BASIC PROTEIN,CSF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83874	ASSAY OF MYOGLOBIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83876	CHG ASSAY OF MYELOPEROXIDASE (MPO)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83880	CHG NATRIURETIC PEPTIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83883	CHG NEPHELOMETRY, NOT SPECIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83884	NEUROFILAMENT LIGHT CHAIN (NFL)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83885	ASSAY OF NICKEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83915	ASSAY OF NUCLEOTIDASE 5'	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83916	CHG OLIGOCLONAL IMMUNOGLOBULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83918	CHG ASSAY ORGANIC ACIDS QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83919	CHG ASSAY ORGANIC ACIDS QUALITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83921	CHG ASSAY SNGL ORGANIC ACID, QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83930	ASSAY OF BLOOD OSMOLALITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83935	ASSAY OF URINE OSMOLALITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83937	ASSAY OF OSTEOCALCIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83945	ASSAY OF OXALATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83950	CHG ONCOPROTEIN, HER-2/NEU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
83951	CHG ONCOPROTEIN, DCP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
83970	CHG ASSAY OF PARATHORMONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83986	ASSAY OF BODY FLUID ACIDITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83992	CHG ASSAY FOR PHENCYCLIDINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
83993	CHG ASSAY FOR CALPROTECTIN FECAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84030	ASSAY OF BLOOD PKU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84035	ASSAY OF PHENYLKETONES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84060	ASSAY PHOSPHATASE ACID, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84066	ASSAY PHOSPHATASE ACID PROSTATIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84075	CHG ASSAY ALKAL PHOSPHATASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84078	ASSAY ALKAL PHOSPHATASE, HEAT STABL W/O TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84080	CHG ASSAY ALKAL PHOSPHATASE, ISOENZYMES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84081	PHOSPHATIDYL GLYCEROL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84085	ASSAY OF RBC PG6D ENZYME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84087	ASSAY PHOSPHOHEX OSE ISOMERASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84100	ASSAY OF INORGANIC PHOSPHORUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84105	ASSAY OF URINE PHOSPHORUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84106	ASSAY OF PORPHOBILINO GEN URINE QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84110	ASSAY OF PORPHOBILINO GEN URINE QUAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84112	CHG EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84119	ASSAY OF PORPHYRINS URINE QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84120	ASSAY OF PORPHYRINS URINE QUAN&FXJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84126	ASSAY OF PORPHYRINS FECES QUAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84132	ASSAY OF SERUM POTASSIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84133	ASSAY OF URINE POTASSIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84134	ASSAY OF PREALBUMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84135	ASSAY OF PREGNANEDIOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84138	ASSAY OF PREGNANETRIOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84140	ASSAY OF PREGNENOLONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84143	ASSAY OF 17-HYDROXYPREGNENOLONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84144	ASSAY OF PROGESTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84145	PROCALCITONIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84146	ASSAY OF PROLACTIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84150	CHG ASSAY OF PROSTAGLANDIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84152	CHG PROSTATE SPECIFIC ANTIGEN, COMPLEXED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84153	CHG PROSTATE SPECIFIC ANTIGEN,TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84154	CHG PROSTATE SPECIFIC ANTIGEN,FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84155	PROTEIN TOT XCPT REFRACTOMETRY SERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84156	PROTEIN TOT XCPT REFRACTOMETRY URINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84157	PROTEIN TOT XCPT REFRACTOMETRY OTH SRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84160	PROTEIN TOT REFRACTOMETRY ANY SRC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84163	PR PREG ASSOC PLAS PRO-A(PAPP-A), SERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84165	CHG PROTEIN E-PHORESIS, SERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84166	PR PROTEIN E-PHORESIS/URINE/CSF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84181	PR PROTEIN, WESTERN BLOT TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84182	PR PROTEIN, WESTERN BLOT TEST, W BAND ID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84202	CHG ASSAY RBC PROTOPORPHYRIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84203	CHG TEST RBC PROTOPORPHYRIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84206	CHG ASSAY OF PROINSULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84207	ASSAY OF VITAMIN B-6	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84210	ASSAY OF PYRUVATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84220	ASSAY OF PYRUVATE KINASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84228	ASSAY OF QUININE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84233	ASSAY OF ESTROGEN RECEPTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84234	ASSAY OF PROGESTERONE RECEPTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84235	ASSAY OF ENDOCRINE HORMONE RECEPTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84238	ASSAY, NON-ENDOCRINE RECEPTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84244	CHG ASSAY OF RENIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84252	ASSAY OF VITAMIN B-2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84255	ASSAY OF SELENIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84260	ASSAY OF SEROTONIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84275	ASSAY OF SIALIC ACID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84285	ASSAY OF SILICA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84295	ASSAY OF SERUM SODIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84300	ASSAY OF URINE SODIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84302	ASSAY OF SODIUM, OTHER SOURCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84305	ASSAY OF SOMATOMEDIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84307	ASSAY OF SOMATOSTATIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84311	CHG SPECTROPHOTOMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84315	CHG BODY FLUID SPECIFIC GRAVITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84375	CHROMATOGRAM ASSAY, SUGARS, TLC OR PAPER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84376	SUGARS SINGLE QUALITATIVE, EACH SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84377	SUGARS MULTIPLE QUALITATIVE, EACH SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84378	SUGARS SINGLE QUANTITATIVE, EACH SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84379	SUGARS MULTIPLE QUANTITATIVE, EACH SPECIMEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84392	ASSAY OF URINE SULFATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84393	TAU, PHOSPHORYLATED (EG, PTAU 181, PTAU 217), EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
84394	TAU, TOTAL (TTAU)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84402	ASSAY OF TESTOSTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84403	ASSAY OF TOTAL TESTOSTERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84425	ASSAY OF VITAMIN B-1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84430	ASSAY OF THIOCYANATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84431	CHG THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84432	ASSAY OF THYROGLOBULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84433	PR THIOPURINE S-METHYLTRANSFERASE (TPMT)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84436	ASSAY OF TOTAL THYROXINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84437	ASSAY OF NEONATAL THYROXINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84439	ASSAY OF FREE THYROXINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84442	ASSAY OF THYROXINE BNDNG GLOBULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84443	CHG ASSAY THYROID STIM HORMONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84445	ASSAY OF THYROID STIM IMMUNOGLOBULINS (TSI)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84446	ASSAY OF VITAMIN E	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84449	ASSAY OF TRANSCORTIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84450	TRANSFERASE ASPARTATE AMINO (AST) (SGOT)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84460	TRANSFERASE ALANINE AMINO (ALT) (SGPT)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84466	ASSAY OF TRANSFERRIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84478	ASSAY OF TRIGLYCERIDES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84479	THYROID HORM UPTAKE/THYR HORM BINDING RATIO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84480	CHG TRIIODOTHYRONINE TOTAL ASSAY, TT-3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84481	CHG TRIIODOTHYRONINE FREE ASSAY (FT-3)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84482	CHG TRIIODOTHYRONINE T3 REVERSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84484	ASSAY OF TROPONIN, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84485	CHG ASSAY DUODENAL FLUID TRYPSIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84488	TRYPSIN FECES QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84490	TRYPSIN FECES QUAN 24-HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84510	CHG ASSAY TYROSINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84512	CHG ASSAY TROPONIN, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84520	ASSAY UREA NITROGEN, QUAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84525	CHG UREA NITROGEN SEMI-QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84540	CHG ASSAY URINE UREA-N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84545	CHG UREA-N CLEARANCE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84550	ASSAY OF URIC ACID, BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84560	ASSAY OF URIC ACID, BLOOD, OTHER SOURCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84577	ASSAY OF UROBILINOGEN FECES QUAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84578	ASSAY OF UROBILINOGEN URINE QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84580	ASSAY OF UROBILINOGEN URINE QUAN TMD SPEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84583	ASSAY OF UROBILINOGEN URINE SEMIQUAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84585	ASSAY OF URINE VMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84586	ASSAY OF VIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84588	ASSAY OF VASOPRESSIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84590	ASSAY OF VITAMIN A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84591	ASSAY OF NOS VITAMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84597	ASSAY OF VITAMIN K	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84600	CHG ASSAY OF VOLATILES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84620	CHG XYLOSE TOLERANCE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84630	ASSAY OF ZINC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84681	ASSAY OF C-PEPTIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84702	CHORIONIC GONADOTROPIN, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
84703	CHORIONIC GONADOTROPIN, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84704	CHG CHORIONIC GONADOTROPIN, FREE BETA CHAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
84999	CHG CLINICAL CHEMISTRY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
85002	CHG BLEEDING TIME TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85004	CHG AUTOMATED DIFFERENTIAL WBC COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85007	CHG BLOOD SMEAR,MICRO EXAM,MANUAL DIFF WBC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85008	CHG BLOOD SMEAR MICRO EXAM W/O MANUAL DIFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85009	CHG MANUAL DIFF WBC COUNT,BUFFY COAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85013	CHG MICROHEMATOCRIT,SPUN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85014	CHG HEMATOCRIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85018	CHG HEMOGLOBIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85025	CHG COMPLETE CBC & AUTO DIFF WBC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85027	CHG COMPLETE CBC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85032	CHG MANUAL CELL COUNT,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85041	CHG RED BLOOD CELL (RBC) COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85044	CHG RETICULOCYTE COUNT,MANUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85045	PR RETICULOCYTE COUNT, AUTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85046	PR RETICULOCYTE COUNT, AUTO, W CELL PARAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85048	CHG LEUKOCYTE (WBC) COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85049	CHG PLATELET COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85055	CHG RETICULATED PLATELET ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85060	CHG BLOOD SMEAR INTERPRETATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85097	CHG BONE MARROW,SMEAR INTERPRETATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85130	CHG CHROMOGENIC SUBSTRATE ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85170	CHG BLOOD CLOT RETRACTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85175	CHG BLOOD CLOT LYSIS TIME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85210	CHG BLOOD CLOT FACTOR II TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85220	CHG BLOOD CLOT FACTOR V TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85230	CHG BLOOD CLOT FACTOR VII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85240	CHG BLOOD CLOT FACTOR VIII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85244	CHG BLOOD CLOT FACTOR VIII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85245	CHG BLOOD CLOT FACTOR VIII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85246	CHG BLOOD CLOT FACTOR VIII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85247	CHG BLOOD CLOT FACTOR VIII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85250	CHG BLOOD CLOT FACTOR IX TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
85260	CHG BLOOD CLOT FACTOR X TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85270	CHG BLOOD CLOT FACTOR XI TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85280	CHG BLOOD CLOT FACTOR XII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85290	CHG BLOOD CLOT FACTOR XIII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85291	CHG BLOOD CLOT FACTOR XIII TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85292	CHG BLOOD CLOT FACT PREKALLIKREIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85293	CHG BLOOD CLOT FACT KINIOGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85300	CHG ANTITHROMBIN III TEST,ACTIV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85301	CHG ANTITHROMBIN III TEST,ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85302	CHG CLOT INHIB PROTEIN C,ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85303	CHG CLOT INHIB PROTEIN C,ACTIV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85305	CHG CLOT INHIB PROTEIN S,TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85306	CHG CLOT INHIB PROTEIN S,FREE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85307	CHG ACTIVATED PROT C (APC) RESISTNCE ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85335	CHG FACTOR INHIBITOR TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85337	CHG THROMBOMODULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85345	CHG COAGULATION TIME, LEE-WHITE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85347	CHG COAGULATION TIME, ACTIVATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85348	CHG COAGULATION TIME, OTHR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85360	CHG EUGLOBULIN LYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85362	FIBRIN DEGRAD PRODUCTS, AGGLUTINATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85366	FIBRIN DEGRAD PRODUCTS,PARACOAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85370	FIBRIN DEGRAD PRODUCTS,QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85378	FIBRIN DEGRADPRODUCTS,D-DIMER, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85379	FIBRIN DEGRADPRODUCTS,D-DIMER, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85380	FIBRIN DEGRADPRODUCTS,D-DIMER, ULTRASENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85384	CHG FIBRINOGEN, ACTIVITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85385	CHG FIBRINOGEN, ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85390	CHG FIBRINOLYSINS SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85396	CHG CLOTTING ASSAY, WHOLE BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85397	CHG CLOTTING FUNCTION ACTIVITY NOS, EA ANALYT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85400	CHG FIBRINOLYTIC PLASMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85410	CHG FIBRINOLYTIC ANTIPLASMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85415	CHG FIBRINOLYTIC PLASMINOGEN, ACTIVTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85420	CHG FIBRINOLYTIC PLASMINOGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85421	CHG FIBRINOLYTIC PLASMINOGEN, ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85441	CHG HEINZ BODIES; DIRECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85445	CHG HEINZ BODIES; INDUCED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85460	CHG HEMOGLOBIN FETAL,DIFF LYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85461	CHG HEMOGLOBIN FETAL,ROSETTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85475	CHG HEMOLYSIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85520	CHG HEPARIN ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85525	CHG HEPARIN NEUTRALIZATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85530	CHG HEPARIN-PROTAMINE TOLERANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85536	CHG IRON STAIN, PERIPHERAL BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85540	CHG WBC ALKALINE PHOSPHATASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85547	CHG RBC MECHANICAL FRAGILITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85549	CHG MURAMIDASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85555	CHG RBC OSMOTIC FRAGILITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85557	CHG RBC OSMOTIC FRAGILITY,INCUBATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85576	CHG BLOOD PLATELET AGGREGATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85597	CHG PHOSPHOLIPID NEUTRALIZATION,PLATELET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85598	CHG PHOSPHOLIPID NEUTRALIZATION,HEXAGONAL PHOSPHOLIPID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85610	CHG PROTHROMBIN TIME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85611	CHG PROTHROMBIN TEST,SUBSTI,FRACTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85612	CHG VIPER VENOM PROTHROMBIN TIME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85613	CHG RUSSELL VIPER VENOM, DILUTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85635	CHG REPTILASE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85651	CHG RBC SED RATE, NONAUTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85652	CHG RBC SED RATE, AUTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85660	CHG RBC SICKLE CELL TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85670	CHG THROMBIN TIME, PLASMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85675	CHG THROMBIN TIME, TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85705	CHG THROMBOPLASTIN INHIBITION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85730	CHG THROMBOPLASTIME PARTIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
85732	CHG THROMBOPLASTIME PART PLASMA FRAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85810	CHG BLOOD VISCOSITY EXAMINATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
85999	CHG HEMATOLOGY PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86000	CHG AGGLUTININS; FEBRILE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86001	CHG ALLERGEN SPEC IGG QUANT,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86001	CHG ALLERGEN SPEC IGG QUANT,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
86003	CHG ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
86003	CHG ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86005	CHG ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86005	CHG ALLERGEN SPEC IGE QUAL MULTIALLERGE N SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
86008	CHG ALLERGEN SPEC IGE RECOMBINANT/ PURIFIED COMPNT EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86015	CHG ACTIN SMOOTH MUSCLE ANTIBODY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86021	CHG WBC ANTIBODY IDENTIFICATIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86022	CHG PLATELET ANTIBODIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86023	CHG IMMUNOGLOBU LIN ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86036	CHG ANTINEUTROP HIL CYTOPLASMIC ANTB SCREEN EA ANTB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86037	CHG ANTINEUTROP HIL CYTOPLASMIC ANTB TITER EA ANTB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86038	CHG ANTINUCLEAR ANTIBODIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86039	CHG ANTINUCLEAR ANTIBODIES TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86041	ACETYLCHOLIN E RECEPTOR (ACHR); BINDING ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86042	ACETYLCHOLIN E RECEPTOR (ACHR); BLOCKING ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86043	ACETYLCHOLIN E RECEPTOR (ACHR); MODULATING ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86051	CHG AQUAPORIN-4 ANTIBODY ELISA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86052	CHG AQUAPORIN-4 ANTIBODY CELL-BASED IMFLUOR ASSAY EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86053	CHG AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86060	CHG ANTISTREPTOLYSIN O TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86063	CHG ANTISTREPTOLYSIN O SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86077	CHG PHYS BLD BANK SERV,DIFF XMTCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86078	CHG PHYS BLD BANK SERV,XFUSN RX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86079	CHG PHYS BLD BANK SERV,DEV STD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86140	CHG C-REACTIVE PROTEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86141	CHG C-REACTIVE PROTEIN,HIGH SENSITIVITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86146	CHG BETA 2 GLYCOPROTEIN I ANTIBODY,EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86147	CHG CARDIOLIPIN ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86148	CHG PHOSPHOLIPID ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86152	CHG CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86153	CHG CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86155	CHG CHEMOTAXIS ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
86156	CHG COLD AGGLUTININ SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
86157	CHG COLD AGGLUTININ, TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
86160	CHG COMPLEMENT, ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86161	CHG COMPLEMENT/ FUNCTION ACTIVITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86162	CHG COMPLEMENT, TOTAL (CH50)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86171	CHG COMPLEMENT FIXATION, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86200	PR CYCLIC CIRULLINATED PEPTIDE ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86215	CHG DEOXYRIBONUCLEASE, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86225	CHG DNA ANTIBODY, NATV/2 STRAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86226	CHG DNA ANTIBODY, SINGLE STRAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86231	CHG ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86235	CHG NUCLEAR ANTIGEN ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86255	CHG FLUORESCENT ANTIBODY; SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86256	CHG FLUORESCENT ANTIBODY; TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86258	CHG GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86277	CHG GROWTH HORMONE ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86280	CHG HEMAGGLUTINATION INHIBITION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86294	CHG IMMUNOASSAY, TUMOR ANTIGEN, QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86300	CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 15-3	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86301	CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 19-9	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86304	CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 125	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86305	CHG HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86308	CHG HETEROPHILE ANTIBODIES,SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86309	CHG HETEROPHILE ANTIBODIES,TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86310	CHG HETEROPHILE ANTIBODIES,TITER+	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86316	PR IMMUNOASSAY, TUMOR ANTIGEN, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86317	CHG IMMUNOASSAY,INFECT AGENT,QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86318	CHG IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86320	CHG SERUM IMMUNOELECTROPHORESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86325	CHG IMMUNOELECTROPHOR,OTHER FLUIDS W/CONC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86328	CHG IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86329	CHG IMMUNODIFFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86331	CHG IMMUNODIFFUSION OUCHTERLONY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86332	CHG IMMUNE COMPLEX ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86334	CHG IMMUNOFIX E-PHORESIS, SERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86335	CHG MONOCLONAL PROTEIN, URINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86336	CHG INHIBIN A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86337	CHG INSULIN ANTIBODIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86340	CHG INTRINSIC FACTOR ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86341	CHG ISLET CELL ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86343	CHG LEUKOCYTE HISTAMINE RELEASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86344	CHG LEUKOCYTE PHAGOCYTOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86352	CHG CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86353	CHG LYMPHOCYTE TRANSFORMATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86355	PR B CELLS, TOTAL COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86356	CHG MONONUCLEAR CELL ANTIGEN, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86357	PR NK CELLS, TOTAL COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86359	CHG T CELLS, TOTAL COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86360	CHG T CELL ABSOLUTE COUNT/RATIO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86361	CHG T CELL ABSOLUTE COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86362	CHG MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86363	CHG MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86364	CHG TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86366	MUSCLE-SPECIFIC KINASE (MUSK) ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86367	PR STEM CELLS, TOTAL COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86376	CHG MICROSOMAL ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86381	CHG MITOCHONDRIAL ANTIBODY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86382	CHG NEUTRALIZATION TEST, VIRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86384	CHG NITROBLUE TETRAZOLIUM DYE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86386	PR NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86403	CHG PARTICLE AGGLUTINATION TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86406	CHG PARTICLE AGGLUTINATION TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86408	CHG NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86409	CHG NEUTRALIZING ANTIBODY SARS-COV-2 TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86413	CHG SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86430	CHG RHEUMATOID FACTOR TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86431	CHG RHEUMATOID FACTOR, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86480	CHG TB TEST, CELL MEDIATED ANTIGEN RESPONSE,GAMMA INTERFRON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86481	CHG TB TEST, CELL MEDIATED ANTIGEN RESPONSE, ENUM GAMMA INTERFRON T-CELLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86485	CHG SKIN TEST, CANDIDA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86486	CHG SKIN TEST UNLISTED ANTIGEN EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86510	CHG HISTOPLASMOSIS SKIN TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86580	CHG TB INTRADERMAL TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86581	STREPTOCOCCUS PNEUMONIAE ANTIBODY (IGG), SEROTYPES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
86590	CHG STREPTOKINASE, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86592	CHG BLOOD SEROLOGY, QUALITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86593	CHG BLOOD SEROLOGY, QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86596	CHG VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86602	CHG ANTINOMYCES ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86603	CHG ADENOVIRUS, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86606	CHG ASPERGILLUS ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86609	CHG BACTERIUM, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86611	CHG BARTONELLA, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86612	CHG BLASTOMYCES , ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86615	CHG BORDETELLA ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86617	CHG LYME DISEASE ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86618	CHG LYME DISEASE ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86619	CHG BORRELIA ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86622	CHG BRUCELLA, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86625	CHG CAMPYLOBACTER, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86628	CHG CANDIDA, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86631	CHG CHLAMYDIA, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86632	CHG CHLAMYDIA, IGM, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86635	CHG COCCIDIOIDES, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86638	CHG Q FEVER ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86641	CHG CRYPTOCOCCUS ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86644	CHG CMV ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86645	CHG CMV ANTIBODY, IGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86648	CHG DIPHTHERIA ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86651	CHG ENCEPHAL ANTIBODY CALIF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86652	CHG ENCEPHAL ANTIBODY EAST EQU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86653	CHG ENCEPHAL ANTIBODY ST LOUIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86654	CHG ENCEPHAL ANTIBODY WEST EQU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86658	CHG ENTEROVIRUS, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86663	CHG EPSTEIN-BARR ANTIBODY,EARLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86664	CHG EPSTEIN-BARR ANTIBODY,NUCLEAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86665	CHG EPSTEIN-BARR ANTIBODY,V CAPSID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86666	CHG EHRLICHIA, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86668	CHG FRANCISELLA TULARENSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86671	CHG FUNGUS, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86674	CHG GIARDIA LAMBLIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86677	CHG HELICOBACTER PYLORI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86682	CHG HELMINTH, ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86684	CHG HEMOPHILUS INFLUENZA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86687	CHG HTLV I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86688	CHG HTLV-II	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86689	CHG HTLV/HIV CONFIRMATORY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86692	CHG HEPATITIS, DELTA AGENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86694	CHG HERPES SIMPLEX TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86695	CHG HERPES SIMPLEX TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86696	CHG HERPES SIMPLEX TEST, TYPE 2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86698	CHG HISTOPLASMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86701	CHG HIV-1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86702	CHG HIV-2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86703	PR ANTIBODY HIV-1&HIV-2 SINGLE RESULT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86704	CHG HEP B CORE AB TEST, TOTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86705	CHG HEP B CORE AB TEST, IGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86706	CHG HEPATITIS B SURFACE AB TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86707	CHG HEPATITIS BE AB TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86708	CHG HEPATITIS A ANTIBODY HAAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86709	CHG HEPATITIS ANTIBODY HAAB IGM ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86710	CHG INFLUENZA VIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86711	CHG ANTIBODY JOHN CUNNINGHAM VIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86713	CHG LEGIONELLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86717	CHG LEISHMANIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86720	CHG LEPTOSPIRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86723	CHG LISTERIA MONOCYTOGENES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86727	CHG LYMPH CHORIOMENINGITIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86732	CHG MUCORMYCOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86735	CHG MUMPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86738	CHG MYCOPLASMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86741	CHG NEISSERIA MENINGITIDIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86744	CHG NOCARDIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86747	CHG PARVOVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86750	CHG MALARIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86753	CHG PROTOZOA, NOT ELSEWHERE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86756	CHG RESPIRATORY VIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86757	CHG RICKETTSIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86759	CHG ROTAVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86762	CHG RUBELLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86765	CHG RUBEOLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86768	CHG SALMONELLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86769	CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86771	CHG SHIGELLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86774	CHG TETANUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86777	CHG TOXOPLASMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86778	CHG TOXOPLASMA, IGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86780	CHG ANTIBODY TREPONEMA PALLIDUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86784	CHG TRICHINELLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86787	CHG VARICELLA-ZOSTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86788	PR WEST NILE VIRUS AB, IGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86789	PR WEST NILE VIRUS ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86790	CHG VIRUS, NOT SPECIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86793	CHG YERSINIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86794	CHG ZIKA VIRUS IGM ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86800	CHG THYROGLOBULIN ANTIBODY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86803	CHG HEPATITIS C AB TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86804	CHG HEP C AB TEST, CONFIRM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86805	CHG LYMPHOCYTOTOXICITY ASSAY,TITRATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86806	CHG LYMPHOCYTOTOXICITY ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86807	CHG CYTOTOXIC ANTIBODY SCREEN STD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86808	CHG CYTOTOXIC ANTIBODY SCREEN QUICK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86812	CHG HLA TYPING, A,B,OR C /SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86813	CHG HLA TYPING, A,B,OR C /MULTI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86816	CHG HLA TYPING, DR/DQ,SINGLE ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86817	CHG HLA TYPING, DR/DQ,MULTI ANTGN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86821	CHG LYMPHOCYTE CULTURE, MIXED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86825	CHG HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86826	CHG HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86828	CHG ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86829	CHG ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86830	CHG ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86831	CHG ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86832	CHG ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86833	CHG ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86834	CHG ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86835	CHG ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86849	CHG IMMUNOLOGY PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86850	CHG RBC ANTIBODY SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86860	CHG RBC ANTIBODY ELUTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86870	CHG RBC ANTIBODY IDENTIFICATIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86880	ANTIHUMAN GLOBULIN DIR EA ANTISERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86886	ANTIHUMAN GLOBULIN INDIRECT EA ANTIBODY TITER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86890	CHG AUTOLOGOUS BLOOD PROCESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86891	CHG AUTOLOGOUS BLOOD, OP SALVAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86900	CHG BLOOD TYPING SEROLOGIC ABO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86901	CHG BLOOD TYPING SEROLOGIC RH (D)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86902	CHG BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86904	CHG BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86905	CHG BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86906	CHG BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86910	CHG BLOOD TYPING, PATERNITY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86911	CHG BLOOD TYPING, ANTIGEN SYSTEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86920	CHG COMPATIBILITY TEST,SPIN TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86921	CHG COMPATIBILITY TEST,INCUB TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86922	CHG COMPATIBILITY TEST,ANTIGLO B TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86923	PR COMPATIBILITY TEST, ELECTRONIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86927	CHG PLASMA, FRESH FROZEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86930	CHG FROZEN BLOOD,FREEZING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86931	CHG FROZEN BLOOD,THAWING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86932	CHG FROZEN BLOOD,FREEZING & THAWING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86940	CHG HEMOLYSINS/AGGLUTININS AUTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86941	CHG HEMOLYSINS/AGGLUTININS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86945	CHG BLOOD PRODUCT/IRRADIATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86950	CHG LEUKACYTE TRANSFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86960	PR VOL REDUCTION BLOOD/ BLOOD PROD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
86965	CHG POOLING BLOOD PLATELETS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86970	CHG RBC PRETREATMENT/CHEM OR DRUGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86971	CHG RBC PRETREATMENT/ENZYM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86972	CHG RBC PRETREATMENT/DEN GRAD SEP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86975	CHG RBC PRETREATMENT,SERUM W DRUGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86976	CHG RBC PRETREATMENT,SERUM DILUTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86977	CHG RBC PRETREATMENT,SERUM INHIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86978	CHG RBC PRETREAT,SERUM DIFF RBC ABSO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86985	CHG SPLIT BLOOD OR PRODUCTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
86999	CHG TRANSFUSION PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87003	CHG SMALL ANIMAL INOC W OBSERV/DISSEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87015	CHG SPECIMEN CONCENTRAT, INFECT AGENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87040	CHG BLOOD CULTURE FOR BACTERIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87045	CHG STOOL CULTURE,SALMONELLA & SHIGELLA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87046	CHG STOOL CULTURE, ADDL PATHOGENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87070	CHG CULTURE SPEC, BACTERIA, NOT URINE,STOOL,BLOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87071	CHG CULTURE SPEC, BACTERIA,QUANT,AEROBIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87073	CHG CULTURE SPEC, BACTERIA,QUANT,ANAEROBIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87075	CHG CULTURE SPECIMEN, ANAEROBIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87076	CHG CULT SPEC, ANAERB W/ADDN METHODS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87077	CHG BACTERIA IDENTIFICATIO N, AEROBIC ISOLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87081	CHG BACTERIA CULTURE SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87084	CHG CULTURE OF SPEC,KIT,COLO NY EST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87086	CHG URINE CULTURE, COLONY COUNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87088	PR URINE BACT CULT ID, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87101	CHG CULTURE FUNGI-SKIN HAIR NAILS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87102	CHG FUNGUS ISOLATION CULTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87103	CHG BLOOD FUNGUS CULTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87106	CHG CULTURE FUNGI-IDENTIF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87107	CHG FUNGUS IDENTIFICATIO N, MOLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87109	CHG MYCOPLASMA CULTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87110	CHG CULTURE, CHLAMYDIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87116	CHG MYCOBACT CULTURE,ISOLATN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87118	CHG MYCOBACTERIA IDENTIFICATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87140	CHG CULTURE TYPING, FLUORESCENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87143	CHG CULTURE TYPING, GLC METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87147	CHG CULTURE TYPING, SEROLOGIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87149	CHG CULTURE TYPING, NUCLEIC ACID PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87150	CHG CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87152	CHG CULTURE TYPING, PULSE FIELD GEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87153	CHG CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87154	CHG CULTURE TYPING ID BLD PTHGN&RESIST TYPING 6+TRGT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87158	CHG CULTURE TYPING, ADDED METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87164	CHG DARK FIELD EXAM W SPEC COLLECTN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87166	CHG DARK FIELD EXAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87168	CHG MACROSCOPIC EXAM, ARTHROPOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87169	CHG MACROSCOPIC EXAM, PARASITE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87172	CHG PINWORM EXAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87176	CHG HOMOGENIZATION, TISSUE FOR CULTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87177	CHG OVA AND PARASITES SMEARS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87181	CHG ANTIBIOTIC SENS,AGAR DIFFUSN,EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87184	CHG ANTIBIOTIC SENS,DISK,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87185	CHG ANTIBIOTIC SENS,ENZYME DETECTION,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87186	CHG ANTIBIOTIC SENS,MIC,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87187	CHG ANTIBIOTIC SENS,MLC,EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87188	CHG ANTIBIOTIC SENS,MACROTUB DIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87190	CHG TB ANTIBIOTIC SENSITIVITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87197	CHG BACTERICIDAL LEVEL, SERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87205	CHG SMEAR,PRIMARY W/INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87206	CHG SMEAR,FLUOR STAIN,INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87207	CHG SMEAR,INCLUSION BODIES/PARASITES,INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87209	PR SMEAR, COMPLEX STAIN, FOR OVA/ PARA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87210	CHG SMEAR,STAIN, WET MNT,INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87220	CHG TISSUE EXAM BY KOH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87230	CHG ASSAY, TOXIN OR ANTITOXIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87250	CHG VIRUS ID,INOC TEST,OBS/DISSECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87252	CHG VIRUS ID,INOC TEST,OBSERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87253	CHG VIRUS ID,INOC TEST,ADDNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87254	CHG VIRUS ID;CENTRIF ENH TECH,W/IMMUNOFLUOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87255	CHG VIRUS ID,NON-IMMUNOLOGIC METHOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87260	CHG INF AGENT, FLUOR, ADENOVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87265	CHG PERTUSSIS AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87267	CHG ENTEROVIRUS AG,DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87269	CHG GIARDIA AG, IF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87270	CHG CHYLMD TRACH AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87271	CHG CYTOMEGALOVIRUS AG,DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87272	CHG CRYPTOSPORIDUM AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87273	CHG HERPES SIMPLEX TYPE 2 AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87274	CHG HERPES SIMPLEX I AG, FLUOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87275	CHG INFLUENZA B AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87276	CHG INFLUENZA AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87278	CHG LEGION PNEUMO AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87279	CHG PARAINFLUENZA AG, DFA, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87280	CHG RESP SYNCYTIAL AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87281	CHG PNEUMOCYSTIS CARINII AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87283	CHG RUBEOLA AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87285	CHG TREPON PALLIDUM AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87290	CHG VARICELLA AG, DFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87299	CHG AG DETECTION NOS, FLUOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87300	CHG INFECTIOUS AG, DFA, POLYVALENT, EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87301	CHG IAAD IA ADENOVIRUS ENTERIC TYP 40/41	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87305	CHG IAAD IA ASPERGILLUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87320	CHG IAAD IA CHLAMYDIA TRACHOMATIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87324	CHG IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87327	CHG IAAD IA CRYPTOCOCCUS NEOFORMANS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87328	CHG IAAD IA CRYPTOSPORIDIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87329	CHG IAAD IA GIARDIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87332	CHG IAAD IA CYTOMEGALOVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87335	CHG IAAD IA ESCHERICHIA COLI 0157	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87336	CHG IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87337	CHG IAAD IA ENTAMOEBA HISTOLYTICA GRP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87338	CHG IAAD IA HPYLORI STOOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87339	CHG IAAD IA HPYLORI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87340	CHG IAAD IA HEPATITIS B SURFACE ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87341	CHG IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87350	CHG IAAD IA HEPATITIS BE ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87380	CHG IAAD IA HEPATITIS DELTA ANTIGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87385	CHG IAAD IA HISTOPLASM CAPSULATUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87389	CHG IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87390	CHG IAAD IA HIV-1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87391	CHG IAAD IA HIV-2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87400	CHG IAAD IA INFLUENZA A/B EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87420	CHG IAAD IA RESPIRATORY SYNCTIAL VIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87425	CHG IAAD IA ROTAVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87426	CHG IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87427	CHG IAAD IA SHIGA-LIKE TOXIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87428	CHG IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87430	CHG IAAD IA STREPTOCOCCUS GROUP A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87449	CHG IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87451	CHG IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87467	PR HEPATITIS B SURFACE ANTIGEN (HBSAG), QUANTITATIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87468	PR INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ANAPLASMA PHAGOCYTOPHILUM, AMPLIFIED PROBE TECHNIQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87469	PR BABESIA MICROTI, AMPLIFIED PROBE TECHNIQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87471	CHG BARTONELLA, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
87472	CHG BARTONELLA, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
87475	CHG LYME DIS, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
87476	CHG LYME DIS, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87478	PR BORRELIA MIYAMOTOI, AMPLIFIED PROBE TECHNIQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87480	CHG CANDIDA, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87481	CHG CANDIDA, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87482	CHG CANDIDA, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87483	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87484	PR EHRLICHIA CHAFFEENSIS, AMPLIFIED PROBE TECHNIQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87485	CHG CHYLMD PNEUM, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87486	CHG CHYLMD PNEUM, DNA, AMP PROBE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87487	CHG CHYLMD PNEUM, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87490	CHG CHYLMD TRACH, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87491	CHG CHYLMD TRACH, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87492	CHG CHYLMD TRACH, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE, PCR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87495	CHG CYTOMEG, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87496	CHG CYTOMEG, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87497	CHG CYTOMEG, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87498	CHG IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87500	CHG INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87501	CHG INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR UP TO 3 TESTS PER CODE WITHIN 12 MONTHS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87501	CHG INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED FOR MORE THAN 3 TESTS PER CODE WITHIN 12 MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87502	CHG INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED FOR MORE THAN 3 TESTS PER CODE WITHIN 12 MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87502	CHG INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR UP TO 3 TESTS PER CODE WITHIN 12 MONTHS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87503	CHG NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR UP TO 3 TESTS PER CODE WITHIN 12 MONTHS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87503	CHG NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED FOR MORE THAN 3 TESTS PER CODE WITHIN 12 MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87503	CHG NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87505	CHG NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GASTROINTESTINAL PATHOGEN NUCLEIC ACID DETECTION PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GASTROINTESTINAL-PATHOGEN-NUCLEIC-ACID-DETECTION-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
87506	CHG IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GASTROINTESTINAL PATHOGEN NUCLEIC ACID DETECTION PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GASTROINTESTINAL-PATHOGEN-NUCLEIC-ACID-DETECTION-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87507	CHG IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GASTROINTESTINAL PATHOGEN NUCLEIC ACID DETECTION PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GASTROINTESTINAL-PATHOGEN-NUCLEIC-ACID-DETECTION-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
87510	CHG GARDNER VAG, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87511	CHG GARDNER VAG, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87512	CHG GARDNER VAG, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87513	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87516	CHG HEPATITIS B , DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87517	CHG HEPATITIS B , DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
87520	CHG HEPATITIS C , RNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87521	CHG IADNA HEPATITIS C AMPLIFIED PROBE&REVRS E TRANSCR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87522	CHG IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87523	DETECTION OF HEPATITIS D (DELTA)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87525	CHG HEPATITIS G , DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87526	CHG HEPATITIS G, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87527	CHG HEPATITIS G, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87528	CHG HSV, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87529	CHG HSV, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87530	CHG HSV, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87531	CHG HHV-6, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87532	CHG HHV-6, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87533	CHG HHV-6, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87534	CHG HIV-1, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87535	CHG IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87536	CHG IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87537	CHG HIV-2, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87538	CHG IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87539	CHG IADNA HIV-2 QUANT & REVERSE TRANSCRIPTIO N	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87540	CHG LEGION PNEUMO, DNA, DIR PROB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87541	CHG LEGION PNEUMO, DNA, AMP PROB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87542	CHG LEGION PNEUMO, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87550	CHG MYCOBACTERI A, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87551	CHG MYCOBACTERI A, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87552	CHG MYCOBACTERI A, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87555	CHG M.TUBERCULO, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87556	CHG M.TUBERCULO, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87557	CHG M.TUBERCULO, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87560	CHG M.AVIUM-INTRA, DNA, DIR PROB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87561	CHG M.AVIUM-INTRA, DNA, AMP PROB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87562	CHG M.AVIUM-INTRA, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87563	CHG IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87563	CHG IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87564	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87580	CHG M.PNEUMON, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87581	CHG M.PNEUMON, DNA, AMP PROBE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87582	CHG M.PNEUMON, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87590	CHG N.GONORRHOEAE, DNA, DIR PROB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87591	CHG N.GONORRHOEAE, DNA, AMP PROB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87592	CHG N.GONORRHOEAE, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87593	IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87594	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87623	CHG IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87624	CHG IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87625	CHG IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87626	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87631	CHG IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (POLYMERASE CHAIN REACTION RESPIRATORY VIRAL PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/POLYMERASE-CHAIN-REACTION-RESPIRATORY-VIRAL-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87632	CHG IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (POLYMERASE CHAIN REACTION RESPIRATORY VIRAL PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/POLYMERASE-CHAIN-REACTION-RESPIRATORY-VIRAL-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
87633	CHG IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (POLYMERASE CHAIN REACTION RESPIRATORY VIRAL PANEL TESTING.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/POLYMERASE-CHAIN-REACTION-RESPIRATORY-VIRAL-PANEL-TESTING.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87634	CHG IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED IF 12 MONTHS OF AGE OR YOUNGER.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87634	CHG IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF OLDER THAN 12 MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87635	CHG IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87636	CHG IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87637	CHG IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87640	PR STAPH A, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87641	PR MRSA, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87650	CHG STREP A, DNA, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87651	CHG STREP A, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87652	CHG STREP A, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87653	PR STREP B, DNA, AMP PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87660	CHG TRICHOMONAS VAGIN, DIR PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87661	CHG IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87662	CHG IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87797	CHG DETECT AGENT NOS, DNA, DIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87798	CHG DETECT AGENT NOS, DNA, AMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
87799	CHG DETECT AGENT NOS, DNA, QUANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87800	CHG DETECT AGENT, MULT ORGS, DNA, DIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87801	CHG DETECT AGENT, MULT ORGS, DNA, AMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87802	CHG IAADIADOO STREPTOCOCCUS GROUP B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87803	CHG IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87804	CHG IAADIADOO INFLUENZA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87806	CHG IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87807	CHG IAADIADOO RESPIRATORY SYNCTIAL VIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87808	CHG IAADIADOO TRICHOMONAS VAGINALIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87809	CHG IAADIADOO ADENOVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87809	CHG IAADIADOO ADENOVIRUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
87810	CHG IAADIADOO CHLAMYDIA TRACHOMATIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87811	CHG IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87850	CHG IAADIADOO NEISSERIA GONORRHOEAE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87880	CHG IAADIADOO STREPTOCOCCUS GROUP A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87899	CHG IAADIADOO NOT OTHERWISE SPECIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87900	PR INFECT AGENT DRUG SUSEPT BY PHENOTYPE PREDICT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87901	CHG HIV 1 GENOTYPE, DNA/RNA,REVERSE TRANSCRIPTASE/PROTEASE REGIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87902	CHG HEPATITIS C VIRUS, GENOTYPE ANAL DNA/RNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87903	CHG HIV 1,PHENOTYP ANALYS DNA/RNA,1-10 DRUGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87904	PR HIV 1,PHENOTY ANALY DNA/RNA,EA ADDL DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87905	CHG INFECT AGENT ENZYMATIC ACTIVITY NON-VIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87906	CHG HIV 1 GENOTYPE, DNA/RNA, OTHER REGIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87910	CHG NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87912	CHG NFCT AGENT GENOTYPE HEPATITIS B VIRUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
87913	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE COVID-19), MUTATION IDENTIFICATION IN TA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
87999	CHG MICROBIOLOGY PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88000	CHG AUTOPSY GROSS,W/O CNS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88005	CHG AUTOPSY GROSS,W BRAIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88007	CHG AUTOPSY GROSS,W BRAIN/SP CORD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88012	CHG AUTOPSY GROSS,INFANT W BRAIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88014	CHG AUTOPSY GROSS,NEWBORN W BRAIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88016	CHG AUTOPSY GROSS,MACERATED STILLBORN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88020	CHG AUTOPSY COMPL,W/O CNS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88025	CHG AUTOPSY COMPL,W BRAIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88027	CHG AUTOPSY COMPL,W BRAIN/SP CORD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88028	CHG AUTOPSY COMPL,INFANT W BRAIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88029	CHG AUTOPSY COMPL,NEWBORN W BRAIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88036	CHG LTD AUTOPSY,REGIONAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88037	CHG LTD AUTOPSY,SINGLE ORGAN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88040	CHG FORENSIC AUTOPSY (NECROPSY)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88045	CHG CORONER'S AUTOPSY (NECROPSY)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88099	CHG NECROPSY (AUTOPSY) UNLISTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88104	CHG CYTOPATH FLUIDS,SMEAR, INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88106	CHG CYTOPATH FLUIDS,FILTER, INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88108	CHG CYTOPATH FLUIDS,CONCENTRATN,INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88112	CHG CYTOPATH, CELL ENHANCE TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88120	CHG CYTOPATH, INSITU HYBRID URINE SPEC 3-5 PROBES EACH,MANUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88121	CHG CYTOPATH, INSITU HYBRID URINE SPEC 3-5 PROBES EACH,COMPUTER ASSIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88125	CHG FORENSIC CYTOPATHOLOGY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88130	CHG SEX CHROMATIN ID,BARR BODIES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88140	CHG SEX CHROMATIN ID,PMN DRUMSTICK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88141	CHG CYTOPATH CERV/VAG INTERPRET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88142	CHG CYTOPATH CERV/VAG THIN LAYER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88143	CHG CYTOPATH CERV/VAG THIN LAYER REDO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88147	CHG CYTOPATH SMEAR CERV/VAG AUTOMATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88148	CHG CYTOPATH,C/V, AUTO/MAN RESCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88150	CHG CYTOPATH SMEAR CERV/VAG,MANUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88152	CHG CYTOPATH SMEAR CERV/VAG,AUTO REDO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88153	CHG CYTOPATH SMEAR CERV/VAG REDO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88155	CHG CYTOPATH SMEAR CERV/VAG,INDEX ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88160	CHG CYTOPATH,OTHR SOURC,SCREEN,INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88161	CHG CYTOPATH,OTHR SOURC,PREP,SCRN,INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88162	CHG CYTOPATH,OTHR SOURC,EXTENSIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88164	CHG CYTOPATH TBS CERV/VAG MANUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88165	CHG CYTOPATH TBS CERV/VAG REDO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88166	CHG CYTOPATH TBS CERV/VAG AUTO REDO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88167	CHG CYTOPATH TBS CERV/VAG SELECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88172	CHG EVALUATION OF FNA SMEAR TO DETERMINE ADEQUACY, FIRST EVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88173	CHG INTERPRETATION OF FNA SMEAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88174	CHG CYTOPATH,CERV/VAG,AUTO THIN LAYER,INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88175	PR CYTOPAT,CER/VAG,THIN LAYER,MAN RES,INTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88177	CHG EVALUATION OF FNA SMEAR TO DETERMINE ADEQUACY, EA ADD EVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88182	CHG CELL MARKER STUDY,DNA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88184	CHG LYMPHOCYTE CD3/100 CELLS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88185	PR FLOWCYTOMETRY/TECH COMPONENT, ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88187	PR FLOWCYTOMETRY/READ, 2-8 MARKERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88188	PR FLOWCYTOMETRY/READ, 9-15 MARKERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88189	PR FLOWCYTOMETRY/READ, 16 & > MARKERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88199	CHG CYTOPATH PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88230	CHG TISSUE CULTURE, LYMPHOCYTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88233	CHG TISSUE CULTURE, SKIN/BIOPSY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88235	CHG TISSUE CULTURE, PLACENTA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88237	CHG TISSUE CULTURE, BONE MARROW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88239	CHG TISSUE CULTURE, TUMOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88240	CHG CELL CRYOPRESERV E/STORAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88241	CHG FROZEN CELL PREPARATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88245	CHG CHROMOSOME ANAL:BREAKGE ,20-25 CELLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88248	CHG CHROMOSOME ANAL:BREAKGE ,50-100 CELLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88249	CHG CHROMOSOME ANAL:BREAKGE ,100 CELLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88261	CHG CHROMOSOME ANAL:5 CELLS,1 KARYOTYPE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88262	CHG CHROMOSOME ANAL:15-20,2 KARYOTYPES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88263	CHG CHROMOSOME ANAL:45 CELLS,MOSAICISM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88264	CHG CHROMOSOME ANALYSIS:20-25	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88267	CHG CHROMOSOME ANALY:PLACENTA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88269	CHG CHROMOSOME ANALY:AMNIOTIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88271	CHG CYTOGENETIC S, DNA PROBE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88272	CHG CYTOGENETIC S, 3-5	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88273	CHG CYTOGENETIC S, 10-30	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88274	CHG CYTOGENETIC S, 25-99	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88275	CHG CYTOGENETIC S, 100-300	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88280	CHG CHROMOSOME KARYOTYPE STUDY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88283	CHG CHROMOSOME BANDING STUDY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88285	CHG CHROMOSOME COUNT:ADDN CELLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88289	CHG CHROMOSOME STUDY:ADDN HI RES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (GENETIC TESTING FOR SUSPECTED DISABILITY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/GENETIC-TESTING-FOR SUSPECTED DISABILITY.PDF MD GUIDELINE 2 (USING LARGE GENETIC TESTING PANELS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/USING-LARGE-GENETIC-TESTING-PANELS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
88291	CHG CYTO/MOLECULAR REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88299	CHG CYTOGENETIC STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88300	CHG SURG PATH,GROSS,LEVEL I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88302	CHG SURG PATH,LEVEL II	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88304	CHG SURG PATH,LEVEL III	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88305	CHG SURG PATH,LEVEL IV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88307	CHG SURG PATH,LEVEL V	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88309	CHG SURG PATH,LEVEL VI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88311	CHG DECALCIFY TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88312	PR SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88313	PR SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT&IMHIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88314	PR SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88319	PR SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88321	CHG MICROSLIDE CONSULT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88323	CHG MICROSLIDE CONSULT W SLIDE PREP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88325	CHG COMPREHENSIVE REVIEW OF DATA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88329	CHG PATH CONSULT IN SURGERY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88331	CHG PATH CONSULT IN SURG,W FRZ SEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88332	CHG PATH CONSULT IN SURG,W ADDN FRZ SEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88333	PR INTRAOPERATIVE CYTO PATH CONSULT, INITIAL SITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88334	CHG INTRAOPERATIVE CYTO PATH CONSULT, ADD SITES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88341	CHG IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88342	CHG IMHISTOCHEM/CYTCHM INIT ANTIBODY STAIN PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88344	CHG IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88346	CHG IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88348	CHG ELECTRON MICROSCOPY, DIAGNOSTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88350	CHG IMMUNOFLUOR ESCENCE PER SPEC ADD SINGL ANTB STAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88355	CHG ANALYSIS, SKELETAL MUSCLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88356	CHG ANALYSIS, NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88358	CHG ANALYSIS, TUMOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88360	CHG M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88361	CHG M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88362	CHG NERVE TEASING PREPARATION S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88363	CHG EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88364	CHG IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88365	CHG IN SITU HYBRIDIZATION 1ST PROBE STAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88366	CHG IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88367	CHG M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88368	CHG M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88369	CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88371	CHG PROTEIN, WESTERN BLOT TISSUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88372	CHG PROTEIN ANALYSIS W/PROBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88373	CHG M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88374	CHG M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88375	CHG OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88377	CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88380	MICRODISSECTION, LASER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88381	CHG MICRODISSECTION, MANUAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88387	CHG MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88399	CHG SURGICAL PATH PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
88720	CHG BILIRUBIN TOTAL TRANSCUTANEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
88738	CHG HGB QUANTITATIVE TRANSCUTANEOUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88740	CHG CARBOXYHEMOGLOBIN, TRANSCUTANEOUS, PER DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88741	CHG METHEMOGLOBIN, TRANSCUTANEOUS, PER DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
88749	CHG UNLISTED IN VIVO LAB SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89049	PR CAFFEINE HALOTHNE CONTRCTN TEST MAL HYPERTHRM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89050	CHG CELL COUNT,MISC BODY FLUIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89051	CHG BODY FLUID CELL COUNT W DIFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89055	CHG LEUKOCYTE COUNT,FECAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89060	CHG EXAM,SYNOVIA L FLUID CRYSTALS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89125	CHG SPECIMEN FAT STAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89160	CHG EXAM FECES FOR MEAT FIBERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89190	CHG NASAL SMEAR FOR EOSINOPHILS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89220	CHG SPUTUM SPECIMEN COLLECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89230	CHG SWEAT CHLORIDE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89240	CHG PATHOLOGY LAB PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
89250	CHG CULTURE/FERTILIZATION OF OOCYTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89251	CHG CULTURE OOCYTE W/EMBRYOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89253	CHG EMBRYO HATCHING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89254	CHG OOCYTE IDENTIFICATIO N	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89255	CHG PREPARE EMBRYO FOR TRANSFER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89257	CHG SPERM IDENTIFICATIO N	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89258	CHG CRYOPRESERVATION, EMBRYO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89259	CHG CRYOPRESERVATION, SPERM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89260	CHG SPERM ISOLATION, SIMPLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89261	CHG SPERM ISOLATION, COMPLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89264	CHG SPERM TISSUE IDENTIFY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89268	CHG INSEMINATION OF OOCYTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89272	CHG EXTENDED CULTURE OF OOCYTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89280	CHG ASSIST OOCYTE FERTILIZATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89281	CHG ASSIST OOCYTE FERTILIZATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89290	CHG BIOPSY, OOCYTE POLAR BODY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89291	CHG BIOPSY, OOCYTE POLAR BODY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89300	CHG SEMEN ANALYSIS,PRESENCE OR MOTIL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89310	CHG SEMEN ANALYSIS,MOTIL & COUNT W/O HUHNER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89320	SEMEN ANALYSIS,VOLUME, COUNT, MOTILITY, DIFF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89321	SEMEN ANALYSIS, SPERM PRESENCE AND MOTILITY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89322	CHG SEMEN ANALYSIS, STRICT MORPHOLOGIC CRITERIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89325	CHG SPERM ANTIBODY TEST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89329	CHG SPERM EVALUATION TEST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89330	CHG EVALUATION, CERVICAL MUCUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89331	CHG RETROGRADE EJACULATION ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89335	CHG CRYOPRESERVE TESTICULAR TISS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89337	CHG CRYOPRESERVATION MATURE OOCYTE(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89342	CHG STORAGE/YEAR; EMBRYO(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89343	CHG STORAGE/YEAR; SPERM/SEMEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89344	CHG STORAGE/YEAR; REPROD TISSUE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89346	CHG STORAGE/YEAR; OOCYTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89352	CHG THAWING CRYOPRESRVED; EMBRYO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89353	CHG THAWING CRYOPRESRVED; SPERM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89354	CHG THAW CRYOPRSVRD; REPROD TISS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
89356	CHG THAWING CRYOPRESRVED; OOCYTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
89398	CHG UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	10/1/2023
90284	PR HUMAN IG, SC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
90287	PR BOTULINUM ANTITOXIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
90287	PR BOTULINUM ANTITOXIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
90291	PR CMV IG, IV	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z94.0-Z94.4, Z94.83		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90291	PR CMV IG, IV	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z94.0-Z94.4, Z94.83 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
90291	PR CMV IG, IV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
90371	PR HEPB IG, IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90375	PR RABIES IG, IM/SUBCUT	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90376	PR RABIES IG, HEAT TREATED	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90377	PR RABIES IG HEAT&SOLVENT/DETERGENT HUMAN IM&/SUBQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90380	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90381	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90384	PR RH IG, FULL-DOSE, IM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
90385	PR RH IG, MINIDOSE, IM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
90396	PR VARICELLA-ZOSTER IG, IM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
90460	PR IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90461	PR IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90470	PR IMMUNIZ ADMIN, IM/INTRANASAL, W COUNSEL, H1N1	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
90471	PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90472	PR IMMUNIZ,ADMIN,EACH ADDL	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90473	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90474	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,EACH ADDL	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90476	PR ADENOVIRUS VACCINE, TYPE 4	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90477	PR ADENOVIRUS VACCINE, TYPE 7	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, SINGLE DOSE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS. REFERRED TO PROVIDER: NO AUTH IS REQUIRED FOR APPROPRIATE RENDERING PROVIDER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		10/1/2024
90581	PR ANTHRAX VACCINE SUBCUTANEOUS/IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90585	PR BCG VACCINE, PERCUT	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90586	PR BCG VACCINE, INTRAVESICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90589	CHIKUNGUNYA VIRUS VACCINE, LIVE ATTENUATED, FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIRUS, LIVE, NON-REPLICATING, PRESERVATIVE FREE, 0.5 ML DOSAGE, SUSPENSION, FOR SUBCUTANEOUS USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
90619	PR MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90620	PR MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90621	PR MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90622	VACCINIA (SMALLPOX) VIRUS VACCINE, LIVE, LYOPHILIZED, 0.3 ML DOSAGE, FOR PERCUTANEOUS USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
90623	MENINGOCOCCAL PENTAVALENT VACCINE, CONJUGATED MEN A, C, W, Y	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90625	PR CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90626	PR TICK-BORNE ENCEPH VACC INACTIVATED 0.25ML IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90627	PR TICK-BORNE ENCEPH VACC INACTIVATED 0.5ML IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90633	PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90636	PR HEPA/HEPB VACCINE ADULT IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90648	PR HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90653	PR IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90655	PR IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90656	PR IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90657	PR IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90658	PR IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90660	PR LAIV3 VACCINE LIVE FOR INTRANASAL USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90661	PR CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90671	PR PCV15 VACCINE FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90672	PR LAIV4 VACCINE FOR INTRANASAL USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90673	PR RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90674	PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90675	PR RABIES VACCINE, IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90676	PR RABIES VACCINE, ID	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90677	PR PCV20 VACCINE FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90678	PR RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT, SUBUNIT, ADJUVANTED, INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90681	PR RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90682	PR RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90683	RESPIRATORY SYNCYTIAL VIRUS VACCINE, MRNA LIPID NANOPARTICLES, FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90684	PNEUMOCOCCAL CONJUGATE VACCINE, 21 VALENT (PCV21), FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90685	PR IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90687	PR IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90688	PR IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90690	PR TYPHOID VACCINE, ORAL	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90691	PR TYPHOID VACCINE, IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90694	PR AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90697	PR DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90700	DTAP IMMUNIZATION, IM, <7 YO	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90702	PR DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90707	PR MMR VIRUS IMMUNIZATION, SUBCUT	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90710	PR COMBINED VACCINE,MMR +VARICELLA,SUB-Q	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90713	PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90715	PR TDAP VACCINE >7 YO, IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90717	PR YELLOW FEVER IMMUNIZATN,LIVE,SUB-Q	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90732	PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90734	PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90736	PR ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
90738	PR JAPANESE ENCEPH VACC, INACTIVATED, IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90739	HEPATITIS VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAGE, 2 DOSE OR 4 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		2/1/2025
90740	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90743	PR HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90747	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90748	PR HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
90750	PR HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
90756	PR CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90758	PR ZAIRE EBOLAVIRUS VACCINE LIVE FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90759	PR HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
90792	PR PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
90792	PR PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90836	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90836	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90838	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90838	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90846	PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90846	PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90853	PR GROUP PSYCHOTHERAPY	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90853	PR GROUP PSYCHOTHERAPY	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90870	PR ELECTROCONVULSIVE THERAPY,1 SEIZ	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90870	PR ELECTROCONVULSIVE THERAPY,1 SEIZ	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90875	PR INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
90876	PR INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
90899	PR PSYCHIATRIC SERVICE/THERAPY	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
90899	PR PSYCHIATRIC SERVICE/THERAPY	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90901	PR BIOFEEDBACK TRAINING,ANY MODALITY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
90912	PR BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
90913	PR BFB TRAING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
90935	PR HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90937	PR HEMODIALYSIS, REPEATED EVAL.	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90940	PR HEMODIA ACC FLOW STUDY BY INDICAT METH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90945	PR DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90947	PR DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90951	PR ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90952	PR ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90953	PR ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90954	PR ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90955	PR ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90956	PR ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90957	PR ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90958	PR ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90959	PR ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90960	PR ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90961	PR ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90962	PR ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90963	PR ESRD SERVICES, HOME DIALYSIS, PER MONTH, < 2 YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90964	PR ESRD SERVICES, HOME DIALYSIS, PER MONTH, 2-11 YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90965	PR ESRD SERVICES, HOME DIALYSIS, PER MONTH, 12-19 YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90966	PR ESRD SERVICES, HOME DIALYSIS, PER MONTH, 20+ YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90967	PR ESRD SERVICES, PER DAY, < 2 YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90968	PR ESRD SERVICES, PER DAY, 2-11 YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90969	PR ESRD SERVICES, PER DAY, 12-19 YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90970	PR ESRD SERVICES, PER DAY,20+ YR OLD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90989	PR DIALYSIS TRAINING/COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90993	PR DIALYSIS TRAINING/INCOMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
90997	PR HEMOPERFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
90999	PR DIALYSIS PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
91010	PR ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
91013	PR ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91020	PR GASTRIC MOTILITY STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91022	PR DUODENAL MOTILITY STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91030	PR ACID PERFUSION OF ESOPHAGUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91034	PR GERD TST W/ NASAL PH ELECTROD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91035	PR GERD TST W/ MUCOS PH ELECTROD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2022
91037	PR GERD TST W/ NASAL IMPEDENCE ELECTROD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
91038	PR GERD TST W/ MUCOS IMPEDE ELECTROD,>1HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91040	PR ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91065	PR BREATH HYDROGEN/METHANE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
91110	PR GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91111	PR GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91112	PR GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91113	PR GI TRACT IMAGING INTRALUMINAL COLON I&R	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: K63.5, K92.1, K92.2, R19.5, Z53.09, Z53.8		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
91113	PR GI TRACT IMAGING INTRALUMINAL COLON I&R	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: K63.5, K92.1, K92.2, R19.5, Z53.09, Z53.8 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
91117	PR COLON MOTILITY STUDY MIN 6 HOURS CONT RECORDING W INTERP & REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91120	PR RECTAL SENSATION TEST, BALLOON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91122	PR ANAL PRESSURE RECORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
91200	PR LIVER ELASTOGRAPHY W/O IMAG W/I&R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023
91299	PR GASTROENTEROLOGY PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
91304	PR SARSCOV2 VACC SAPONIN-BSD ADJT 5MCG/0.5ML IM USE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
91318	SEVERE ACUTE RESP SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, 3 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
91319	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, 10 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
91320	SEVERE ACUTE RESP SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS. REFERRED TO PROVIDER: NO AUTH IS REQUIRED FOR APPROPRIATE RENDERING PROVIDER. EXCLUSIONS: FQHC, RHC		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		10/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
91321	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 25 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
91322	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 50 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS. REFERRED TO PROVIDER: NO AUTH IS REQUIRED FOR APPROPRIATE RENDERING PROVIDER. EXCLUSIONS: FQHC, RHC		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		10/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92002	PR EYE EXAM, NEW PATIENT,INTER MED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92004	PR EYE EXAM, NEW PATIENT,COMP REHESV	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92012	PR EYE EXAM ESTABLISHED PT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92014	PR EYE EXAM & TREATMENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92015	PR REFRACTION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92018	PR NEW EYE EXAM & TREATMENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
92019	PR EYE EXAM & TREATMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92020	PR SPECIAL EYE EVAL,GONISCOPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92025	PR CORNEAL TOPOGRAPHY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92060	PR SPECIAL EYE EVAL,SENSORI MOTOR	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92065	PR ORTHOPTIC TRAINING; PERFORMED BY A PHYS OR OTHER QUALIFIED HEALTH CARE PROF	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92066	PR ORTHOPTIC TRAINING; UNDER SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92071	PR FIT CONTACT LENS TX OCULAR SURFACE DISEASE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92072	PR FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92081	PR VISUAL FIELD EXAM,LIMITED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92082	PR VISUAL FIELD EXAM,INTERMED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92083	PR VISUAL FIELD EXAM,EXTENDED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92100	PR SERIAL TONOMETRY EXAM(S)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
92132	PR COMPUTERIZED OPHTHALMIC IMAGING ANTERIOR SEGMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92133	PR COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92134	PR COMPUTERIZED OPHTHALMIC IMAGING RETINA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92135	OPTHALMIC DIAG IMAGING, POST SEGMENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92136	PR OPHTHAL BIOMETRY,INT RAOC LENS POW CALC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92137	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL COHERENCE TOMOGRAPHY [OCT])	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92201	PR OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92202	PR OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92225	PR SPECIAL EYE EXAM, INITIAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92226	PR SPECIAL EYE EXAM, SUBSEQUENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92227	PR IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92228	PR IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92229	PR ORTHOPTIC TRAINING; POINT-OF-CARE AUTONOMOUS ANALYSIS AND REPORT, UNILATERAL OR BILATERAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92230	PR FLUORESCEIN ANGIOSCOPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92235	PR FLUORESCEIN ANGRPH W/MULTIFRAME I&R UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92240	PR INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92242	PR FLUORESCEIN ICG ANGRPH W/MULTIFRAME I&R UNI/BI	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92250	PR FUNDAL PHOTOGRAPHY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92260	PR OPHTHALMOSCOPY/DYNAMOMETRY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
92265	PR EYE MUSCLE EVALUATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92270	PR ELECTRO-OCULOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92273	PR FULL FIELD ELECTRORETINOGRAPHY W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92274	PR MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
92285	PR EYE PHOTOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92286	PR ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92287	PR ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92310	PR CONTACT LENS FITTING,BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92311	PR CONTACT LENS FIT,APHAKIA UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92312	PR CONTACT LENS FIT,APHAKIA BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92313	PR CONTACT LENS FIT,CORNEOSCLERAL LENS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
92314	PR SCRIPT CONTACT LENS,BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92315	PR SCRIPT CONTACT LENS,APHAKIA UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92316	PR SCRIPT CONTACT LENS,APHAKIA BILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92317	PR SCRIPT CONTACT LENS,CORNEO SCLERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92325	PR MODIFICATION OF CONTACT LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92326	PR REPLACEMENT OF CONTACT LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92499	PR EYE SERVICE OR PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92502	PR EAR AND THROAT EXAMINATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92504	PR EAR MICROSCOPY EXAMINATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92507	PR SPEECH/HEARING THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92507	PR SPEECH/HEARING THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92508	PR SPEECH/HEARING THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92508	PR SPEECH/HEARING THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
92511	PR NASOPHARYNGOSCOPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92516	PR FACIAL NERVE FUNCTION TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92517	PR CERVICAL VEMP TESTING W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
92518	PR OCULAR VEMP TESTING W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
92519	PR CERVICAL & OCULAR VEMP TESTING W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
92520	PR LARYNGEAL FUNCTION STUDIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92521	PR EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92522	PR EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92523	PR EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92524	PR BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92526	PR ORAL FUNCTION THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92526	PR ORAL FUNCTION THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
92531	PR SPONTANEOUS NYSTAGMUS STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92532	PR POSITIONAL NYSTAGMUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92533	PR CALORIC VESTIBULAR TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92534	PR OPTOKINETIC NYSTAGMUS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92537	PR CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92538	PR CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92540	PR VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92541	PR SPONTANEOUS NYSTAGMUS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92542	PR POSITIONAL NYSTAGMUS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92543	PR CALORIC VESTIBULAR TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92544	PR OPTOKINETIC NYSTAGMUS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92545	PR OSCILLATING TRACKING TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92546	PR SINUSOIDAL ROTATIONAL TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
92547	PR SUPPLEMENTAL ELECTRICAL TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92550	PR TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92551	PR PURE TONE SCREEN, AIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92552	PR PURE TONE AUDIOMETRY, AIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92553	PR AUDIOMETRY, AIR & BONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92555	PR SPEECH THRESHOLD AUDIOMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92556	PR SPEECH AUDIOMETRY, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92557	PR COMPREHENSIVE HEARING TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92558	PR EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92562	PR LOUDNESS BALANCE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92563	PR TONE DECAY HEARING TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92565	PR STENGER TEST, PURE TONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92567	PR TYMPANOMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92568	PR ACOUSTIC REFLEX TESTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92569	PR ACOUSTIC REFLEX DECAY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92570	PR ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92571	PR FILTERED SPEECH HEARING TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92572	PR STAGGERED SPONDAIC WORD TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92573	PR LOMBARD TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92575	PR SENSORINEURAL ACUITY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92576	PR SYNTHETIC SENTENCE TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92577	PR STENGER TEST, SPEECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92579	PR VISUAL AUDIOMETRY (VRA)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92582	PR CONDITIONING PLAY AUDIOMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92583	PR SELECT PICTURE AUDIOMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92584	PR ELECTROCOCHLEOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92587	PR DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92588	PR DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92590	PR HEARING AID EXAM, ONE EAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92591	PR HEARING AID EXAM, BOTH EARS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92592	PR HEARING AID CHECK, ONE EAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92593	PR HEARING AID CHECK, BOTH EARS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92594	PR ELECTRO HEARING AID TEST, ONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92594	PR ELECTRO HEARING AID TEST, ONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92595	PR ELECTRO HEARINGAID TEST, BOTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92595	PR ELECTRO HEARINGAID TEST, BOTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92597	PR EVAL VOICE PROSTH DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92601	DX ANAL COCHLEAR IMP,PT <7 YRS,W/PROG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
92602	DX ANAL COCHLEAR IMP,PT <7 YRS,REPROG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
92603	PR DX ANAL COCHLEAR IMP,PT >7 YRS,W/PROG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
92604	PR DX ANAL COCHLEAR IMP,PT >7 YRS,REPROG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92610	PR EVAL,ORAL & PHARYNGEAL SWALLOW FUNCTION	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92611	PR EVAL,SWALLOW FUNCTION,CINE/VIDEO RECORD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
92612	PR FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
92614	PR FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
92616	PR FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
92620	PR AUDITORY FUNCTION, 60 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92621	PR EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92622	ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INNER EAR IMPLANT, FIRST HOUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
92623	ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INNER EAR IMPLANT, EACH ADDITIONAL 15 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
92625	PR TINNITUS ASSESSMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92626	PR EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92627	PR EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92630	PR AUDITORY REHAB, PRE-LINGUAL HEAR LOSS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92633	PR AUDITORY REHAB POST-LINGUAL HEAR LOSS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92640	PR AUDITORY BRAINSTEM IMPLANT DX/ ANALYSIS, PER HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92650	PR AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92651	PR AEP HEARING STATUS DETER BROADBAND STIMULI I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92652	PR AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92653	PR AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
92700	PR UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92920	PR PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
92921	PR PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92924	PR PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92925	PR PRQ TRLUML CORONARY ANGIO/ATHERC ADDL ART/BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92928	PR PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
92929	PR PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92933	PR PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92934	PR PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92937	PR PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92938	PR PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92941	PR PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92943	PR PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92944	PR PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92950	PR HEART/LUNG RESUSCITATION (CPR)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92960	PR CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92961	PR CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92970	PR CARDIOASSIST, INTERNAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92971	PR CARDIOASSIST, EXTERNAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92973	PR PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92974	PR TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92975	PR THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92977	PR THROMBOLYSIS,CORONARY,IV INFUSN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
92978	PR ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92979	PR ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92986	PR PRQ BALLOON VALVULOPLASTY AORTIC VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
92987	PR PRQ BALLOON VALVULOPLASTY MITRAL VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
92990	PR PERCUT PULMONARY VALVULOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
92997	PR PUL ART BALLOON ANGIOPLASTY, PERC,1ST VESL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
92998	PR PUL ART BALLOON REPAIR,PERC,ADDN VES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93000	PR ELECTROCARDIOGRAM, COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93005	PR ELECTROCARDIOGRAM, TRACING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93010	PR ELECTROCARDIOGRAM REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93012	PR TELEPH TRAN,POST-SYMPTOM ECG STRIPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93014	PR REPORT ON TRANSMITTED ECG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93015	PR CV STRS TST XERS&/OR RX CONT ECG W/SI&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93016	PR CV STRS TST XERS&/OR RX CONT ECG W/O I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93017	PR CARDIAC STRESS TST,TRACING ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93018	PR CARDIAC STRESS TST,INTERP/REPT ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93024	PR CARDIAC DRUG STRESS TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93025	PR MICROVOLT T-WAVE ALTERNANS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93040	PR RHYTHM ECG WITH REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93041	PR RHYTHM ECG, TRACING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93042	PR RHYTHM ECG, REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93050	PR ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
93150	THER ACTIVATION IMPL PHRENIC NRV STIMULATOR SYS	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
93150	THER ACTIVATION IMPL PHRENIC NRV STIMULATOR SYS	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93151	EVALUATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
93151	EVALUATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
93153	EVALUATION OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93153	EVALUATION OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: G12.20, G12.22, G12.23-G12.25, G12.29, G12.8, G12.9, G47.35, G82.50-G82.54, G83.89, J96.10-J96.12, J96.20-J91.22, R06.81, Z99.11 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
93224	PR XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93225	PR EXT ECG RECORD CONTIN 48 HR, RECORD	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93226	PR EXT ECG RECORD CONTIN 48 HR, SCAN ANALYSIS W REPORT	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93227	PR XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93228	PR XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93229	PR XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93241	PR EXTERNAL ECG REC>48HR<7D SCAN ALYS REPORT R&I	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93242	PR EXTERNAL ECG REC>48HR<7D RECORDING	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93243	PR EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93244	PR EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93245	PR EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R&I	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93246	PR EXTERNAL ECG REC>7D<15D RECORDING	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93247	PR EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93248	PR EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93260	PR PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93261	PR INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93268	PR XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93270	PR EXT ECG,PT DEMAND EVENT, SYMPT MEMORY LOOP, RECORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93271	PR EXT ECG,PT DEMAND EVENT, SYMPT MEMORY LOOP, TRANSMIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93272	PR XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93278	PR ECG/SIGNAL-AVERAGED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93279	PR PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93280	PR PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93281	PR PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93282	PR PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93283	PR PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93284	PR PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93285	PR PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93286	PR PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93287	PR PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93287	PR PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
93288	PR INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93289	PR INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93290	PR INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
93291	PR INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93292	PR INTERROGATIO N EVAL IN PERSON WR DEFIBRILLATO R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93293	PR TRANSTELEPH ONIC RHYTHM STRIP PACEMAKER EVAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93294	PR REM INTERROG PM/LDLS PM <90 D PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93295	PR INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93296	PR REM INTERROG PM/LDLS PM/IDS <90 D PHYS/QHP	**NO AUTHORIZATION REQUIRED**	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93297	PR REM INTERROG ICPMS <30 D PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93298	PR REM INTERROG SCRMS <30 D PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93303	PR ECHO XTHORACIC,CONG ANOM,COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93304	PR ECHO XTHORACIC,CONG ANOM,LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93306	PR ECHO HEART XTHORACIC,COMPLETE W DOPPLER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93307	PR ECHO HEART XTHORACIC,COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93308	PR ECHO HEART XTHORACIC,LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93312	PR ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93313	PR ECHO R-T 2D W/PROBE PLACEMENT ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93314	PR ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93315	PR ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93316	PR ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93317	PR ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93318	PR ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93319	PR 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93320	PR DOPPLER ECHO HEART,COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93321	PR DOPPLER ECHO HEART,LIMITED ,F/U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93325	PR DOPPLER COLOR FLOW VELOCITY MAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93325	PR DOPPLER COLOR FLOW VELOCITY MAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
93350	PR ECHO HEART, FULL STRESS/REST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93351	PR ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93352	PR ECHO CONTRAST AGENT DURING STRESS ECHO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93355	PR ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2022
93451	PR RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93452	PR L HRT CATH W/NJX L VENTRICULOG RAPHY IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93453	PR R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93454	PR CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93455	PR CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93456	PR CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93457	PR CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93458	PR CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93459	PR CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93460	PR R & L HRT CATH WINJX HRT ART& L VENTR IMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93461	PR R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93462	PR LEFT HEART CATH BY TRANSEPTAL PUNCTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93463	PR MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93503	PR INSERT/PLACE FLOW DIRECT CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93505	PR ENDOMYOCARDIAL BIOPSY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93563	PR NJX SEL HRT ART CONGENITAL HRT CATH W/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93564	PR NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93565	PR NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93565	PR NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93566	PR NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93567	PR NJX SUPRAVALV AORTOG HRT CATH W/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93568	PR NJX PULMONARY ANGIO HRT CATH W/S&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93569	PR INJ DURING CARDIAC CATH PULMONARY ARTERIAL ANGIO, UNILATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93571	PR IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93572	PR IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93573	PR INJ DURING CARDIAC CATH PULMONARY ARTERIAL ANGIO BIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93574	PR INJ DURING CARDIAC CATH PULMONARY VENOUS ANGIO OF EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93575	PR INJ DURING CARD CATH INCLD IMAG,SUPRVSN INTRP, RPRT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93580	PR PERC CLOS,CONG INTERATRIAL COMMUN W/IMPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93581	PR PERC CLOSURE,CON G VSD W/IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93582	PR PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93583	PR PERCUTANEOU S TRANSCATHET ER SEPTAL REDUCTION THER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93590	PR PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93591	PR PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93592	PR PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93593	PR R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93594	PR R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93595	PR L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93596	PR R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93597	PR R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93598	PR CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93600	PR BUNDLE OF HIS RECORDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93602	PR INTRA-ATRIAL RECORDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93603	PR RIGHT VENTRICULAR RECORDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93609	PR INTRA-VENTRIC&/ATRI AL MAPG TACHYCARD W/CATH MA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93610	PR INTRA-ATRIAL PACING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93612	PR INTRAVENTRIC ULAR PACING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93613	PR INTRACARDIAC ELECTROPHYSI OLOGIC 3D MAPPING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93615	PR ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAM S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93616	PR ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93618	PR INDUCTION ARRHYTHMIA ELECTRICAL PACING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93619	PR COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93620	PR COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93621	PR COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93622	PR COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93623	PR STIM/PACING HEART POST IV DRUG INFU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93624	PR ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93631	PR HEART PACING, MAPPING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93640	PR EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93641	PR EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93642	PR EPHYS EVAL PACG CVDFB PRGRMG/REPR GRMG PARAMETERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93644	PR EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93650	PR ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93653	PR COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93654	PR COMPRE EP EVAL ABLTJ 3D MAPG TX VT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93655	PR ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93656	PR COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2024
93657	PR ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93660	PR TILT TABLE EVALUATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93662	PR INTRACARD ECHO, THER/DX INTERVENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93701	PR BIOIMPEDANCE ,THORACIC,ELECTRICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93724	PR ANALYZE PACER SYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93740	PR TEMPERATURE GRADIENT STUDIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93745	PR 1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93750	PR INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93770	PR MEASURE VENOUS PRESSURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93784	PR AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
93786	PR AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
93788	PR AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
93790	PR AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
93797	PR OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93798	PR OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
93799	PR CARDIOVASCULAR PROCEDURE UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93880	PR DUPLEX SCAN EXTRACRANIAL ,BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93882	PR DUPLEX SCAN EXTRACRANIAL ,LIMITED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93886	PR TRANSCRAN DOPPLER INTRACRAN ART	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93888	PR TRANSCRAN DOPPLER INTRACRAN,LIMITED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93892	PR TRANSCRAN DOPP INTRACRAN, EMBOLI W/O INJ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93893	PR TRANSCRAN DOPP INTRACRAN, EMBOLI W/INJ	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93895	PR CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93896	VASOREACTIVITY STUDY PERFORMED WITH TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93897	EMBOLI DETECTION WITHOUT INTRAVENOUS MICROBUBBLE INJECTION PERFORMED WITH TRANSCRANIAL DOPPLER	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93898	VENOUS-ARTERIAL SHUNT DETECTION WITH INTRAVENOUS MICROBUBBLE INJECTION	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93922	PR NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 1-2 LEVEL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93923	PR NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93924	PR NON-INVASIVE LOWER EXTREM ART STRESS/REST, COMPLETE,BILATERAL	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93925	PR DUPLEX LO EXTREM ART BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93926	PR DUPLEX LO EXTREM ART UNILAT/LTD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93930	PR DUPLEX UP EXTREM ART BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93931	PR DUPLEX UP EXTREM ART UNILAT/LTD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93970	PR DUPLEX EXTREM VENOUS,BILAT	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93971	PR DUPLEX EXTREM VENOUS,UNI OR LTD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93975	PR DUPLEX ABD/PEL VASC STUDY,COMPLETE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93976	PR DUPLEX ABD/PEL VASC STUDY,LIMITD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93978	PR DUPLEX LARGE VESSEL (S),COMPLETE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93979	PR DUPLEX LARGE VESSEL (S),LIMITED	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93980	PR PENILE VASCULAR STUDY,COMPLETE	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93981	PR PENILE VASCULAR STUDY,LTD OR F/U	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93985	PR DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93986	PR DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
93990	PR DUPLEX HEMODIALYSIS ACCESS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
93998	PR UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	5/10/2021
94002	PR VENT MANAGEMENT, INPATIENT, INITIAL DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
94003	PR VENT MANAGEMENT, INPATIENT, SUBSEQ DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
94010	PR BREATHING CAPACITY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
94011	PR MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94012	PR MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94013	PR MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94014	PR PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94015	PR PT RECORDED SPIROMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94016	PR PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94060	PR EVAL OF BRONCHOSPAS M	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94070	PR EVAL OF BRONCHOSPAS M,PROLONGED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
94150	PR VITAL CAPACITY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94200	PR LUNG FUNCTION TEST (MBC/MVV)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94375	PR RESPIRATORY FLOW VOLUME LOOP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94450	PR HYPOXIA RESPONSE CURVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94452	PR HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94453	PR HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94610	PR INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
94617	PR XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94618	PR PULMONARY STRESS TESTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94619	PR XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94621	PR CARDIOPULMONARY EXERCISE TESTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94625	PR PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
94626	PR PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2024
94640	PR PRESSURIZED/ NONPRESSURIZED INHALATION TREATMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94642	PR AEROSOL INHALATION TREATMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94644	PR CONTINUOUS INHALATION TX, 1ST HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94645	PR CONTINUOUS INHALATION TX, EACH ADD HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94660	PR POS AIRWAY PRESSURE, CPAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94662	PR NEG PRESSURE VENTILATION, CNP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
94664	PR DEMO &/OR EVAL,PT USE,AEROSOL DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2024
94667	PR CHEST WALL MANIPULATION ,INITIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94668	PR CHEST WALL MANIPULATION ,SUBSEQUENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94669	PR MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2024
94680	PR EXHALED AIR ANALYSIS: O2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94681	PR EXHALED AIR ANALYSIS: O2, CO2	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
94690	PR EXHALED AIR ANALYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94726	PR PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94727	PR GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&VOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94728	PR AIRWAY RESISTANCE BY OSCILLOMETRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94729	PR DIFFUSING CAPACITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94760	PR NONINVASV OXYGEN SATUR;SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94761	PR NONINVASV OXYGEN SATUR,MULTIPLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94762	PR NONINVASV OXYGEN SATUT,CONTINUOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
94772	BREATH RECORDING, INFANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
94774	PR PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
94777	PR PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
94799	PR PULMONARY SERVICE/PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95004	PR PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95012	PR NITRIC OXIDE EXPIRED GAS DETERMINATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95017	PR ALLG TSTG PERQ & IC VENOMS IMMED REACT W/ I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95018	PR ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/ I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95024	PR INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95027	PR INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95028	PR ALLERGY SKIN TESTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95044	PR ALLERGY PATCH TESTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95052	PR PHOTO PATCH TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95056	PR PHOTOSENSITIVITY TESTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95060	PR EYE ALLERGY TESTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95065	PR NOSE ALLERGY TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95070	PR INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95076	PR INGESTION CHALLENGE TEST INITIAL 120 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95079	PR INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95115	PR IMMUNOTHERAPY, ONE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95117	PR IMMUNOTHERAPY, 2+ INJECTIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95120	PR PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024
95125	PR PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95130	PR PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024
95131	PR PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024
95132	PR PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95133	PR PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024
95134	PR PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024
95144	PR PROFES SVC,IMMUNOTHERAPY,1 DOSE VIALS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95145	PR PROFES SVC,IMMUNOTHERAPY,1 INSECT VENOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95146	PR ANTIGEN RX SERV,INSECT,2 VENOMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95147	PR ANTIGEN RX SERV,INSECT,3 VENOMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95148	PR ANTIGEN RX SERV,INSECT,4 VENOMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95149	PR ANTIGEN RX SERV,INSECT,5 VENOMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95165	PR PROFES SVC,IMMUNOTHER,SINGLE/MULT AGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95170	PR ANTIGEN RX SERV,WHOLE EXTRACT INSECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95180	PR RAPID DESENSITIZATION PROC,EACH HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95199	PR ALLERGY IMMUNOLOGY SERV,UNLISTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
95250	PR CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPTMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
95251	PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95700	PR EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95700	PR EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95705	PR EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95705	PR EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95706	PR EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95706	PR EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95707	PR EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95707	PR EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95708	PR EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95708	PR EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95709	PR EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95709	PR EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95710	PR EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95710	PR EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95711	PR VEEG BY TECH 2-12 HOURS UNMONITORED	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95711	PR VEEG BY TECH 2-12 HOURS UNMONITORED	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95712	PR VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95712	PR VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95713	PR VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95713	PR VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95714	PR VEEG BY TECH EA INCR 12-26 HR UNMONITORED	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95714	PR VEEG BY TECH EA INCR 12-26 HR UNMONITORED	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95715	PR VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95715	PR VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95716	PR VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95716	PR VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95717	PR EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95717	PR EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95718	PR EEG PHYS/QHP 2-12 HR WITH VEEG	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95718	PR EEG PHYS/QHP 2-12 HR WITH VEEG	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95719	PR EEG PHYS/QHP EA INCR>12HR<26 HR AFTER 24HR WO VID	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95719	PR EEG PHYS/QHP EA INCR>12HR<26 HR AFTER 24HR WO VID	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95720	PR EEG PHYS/QHP EA INCR>12HR<26 HR AFTER 24HR W/VEEG	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95720	PR EEG PHYS/QHP EA INCR>12HR<26 HR AFTER 24HR W/VEEG	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95721	PR EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95721	PR EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95722	PR EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95722	PR EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95723	PR EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95723	PR EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95724	PR EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95724	PR EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95725	PR EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95725	PR EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95726	PR EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR UP TO 3 SERVICES WITHIN 6 MONTHS DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95726	PR EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF MORE THAN 3 SERVICES WITHIN 6 MONTHS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: F05, F06.0, F06.8, G25.3, G31.01, G31.09, G31.83, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801-G40.804, G40.811-G40.814, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19, G91.2, O99.351-O99.355, P90, P91.2, R41.0, R41.82, R56.01, R56.1, R56.9, S06.0X1A, S06.0X1D, S06.0X1S, Z05.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95782	PR POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95783	PR POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95800	PR SLEEP STUDY, UNATTENDED, RECORD HEART RATE/O2 SAT/RESP ANAL/SLEEP TIME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95801	PR SLEEP STUDY, UNATTENDED, RECORD HEART RATE/O2 SAT/RESP ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95803	PR ACTIGRAPHY TESTING, 3-14 DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95805	PR MULTIPLE SLEEP LATENCY TEST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95806	PR SLEEP STUDY, UNATTENDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	1/6/2016

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95807	PR SLEEP STUDY, ATTENDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95808	PR POLYSOM ANY AGE SLEEP STAGE 1 -3 ADDL PARAM ATTND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95810	PR POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95811	PR POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
95812	PR EEG,EXTENDED MONITORING,41-60 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95813	PR EEG EXTENDED MONITORING 61-119 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95816	PR EEG,W/AWAKE & DROWSY RECORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95819	PR EEG,W/AWAKE & ASLEEP RECORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95822	PR EEG,COMA/SLEEP RECORD ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95824	PR EEG EVAL CEREBRAL DEATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95827	PR EEG,ALL NIGHT RECORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95829	PR SURGERY ELECTROCORTICOGRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95830	PR INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
95836	PR ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95851	PR RANGE MOTION MEASURE,EACH EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95852	PR RANGE MOTION MEASURE,EACH HAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95857	PR CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95860	PR EMG, NEEDLE, ONE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95861	PR EMG, NEEDLE, TWO LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95863	PR EMG, NEEDLE, 3 LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95864	PR EMG, NEEDLE, 4 LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95865	PR EMG, NEEDLE, LARYNX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95866	PR EMG, NEEDLE, HEMIDIAPHRAGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95867	PR EMG,NEEDLE,CRANIAL NERVE SUPP MUS,UNILAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95868	PR EMG, NEEDLE, HEAD OR NECK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95869	PR EMG,NEEDLE,THOR PARASPINMUS,EXC T1/T12	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95870	PR EMG,1 EXTREM,NONP ARASPINAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95872	PR EMG, NEEDLE, ONE FIBER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95873	PR ELECTRIC STIM GUIDANCE FOR CHEMODENER VATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95874	PR NEEDLE EMG GUIDANCE FOR CHEMODENER VATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95875	PR ISCHEM LIMB EXERCIS,MUSC LE METABOLITE(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95885	PR NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95886	PR NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95887	PR NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95900	PR NERVE CONDUCTION TEST,MOTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95903	PR MOTOR NERVE CONDUCT TEST, W F-WAVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95904	PR NERVE CONDUCTION,EA NERVE,MOTOR, SENSORY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95905	PR MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95907	PR MOTOR &/SENS 1-2 NRV CNDJ PRECONF ELTRODE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95908	PR MOTOR &/SENS 3-4 NRV CNDJ PRECONF ELTRODE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95909	PR MOTOR &/SENS 5-6 NRV CNDJ PRECONF ELTRODE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95910	PR MOTOR &/SENS 7-8 NRV CNDJ PRECONF ELTRODE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95911	PR MOTOR &/SENS 9-10 NRV CNDJ PRECONF ELTRODE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95912	PR MOTOR &/SENS 11-12 NRV CNDJ PRECONF ELTRODE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95913	PR MOTOR &/SENS 13/> NRV CNDJ PRECONF ELTRODE LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95919	PR QUANTITATIVE PUPILLOMETRY WITH PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95920	PR INTRAOPERATIVE NERVE TESTING ADD-ON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2021
95921	PR TEST AUTO NERV SYS,CARDIOVAGAL INNER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95922	PR TEST AUTO NERV SYS,VASOMOTOR INNERV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95923	PR TEST AUTO NERV SYS,SUDOMOTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95924	PR TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95925	PR SOMATOSENSORY TEST,UPPER LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95926	PR SOMATOSENSORY TEST,LOWER LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95927	PR SOMATOSENSORY TEST,TRUNK/HEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95928	PR C MOTOR EVOKED, UPPR LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95929	PR C MOTOR EVOKED, LWR LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95930	PR VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95930	PR VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
95933	PR BLINK REFLEX TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95934	PR H REFLEX TEST,GASTROC /SOLEUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95936	PR H REFLEX TEST,OTHR MUSC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95937	PR NEUROMUSCULAR JUNCTION TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95938	PR SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMBS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95939	PR CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95940	PR IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95941	PR IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95954	PR RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95955	PR EEG DURING SURGERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95956	PR EEG MONITORING/COMPUTER, EA 24 HOURS, ATTENDED BY TECH/NURSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95957	PR EEG DIGITAL ANALYSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95958	PR EEG MONITORING/FUNCTION TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95961	PR FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95962	PR FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95965	PR MEG,SPONTANEOUS BRAIN MAGNETIC ACTIVITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95966	PR MEG,EVOKED MAGNET FIELDS, SINGLE MODAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
95967	PR MEG,EVOKED MAGNET FIELDS, EA ADDL MODAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95970	PR ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95971	PR ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95972	PR ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95976	PR ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95977	PR ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95980	PR ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/ PROG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95981	PR ELEC ALYS NSTIM GEN GASTRIC SUBSEQUENT W/O REPROG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95982	PR ELEC ALYS NSTIM PLS GEN GASTRIC SUBSEQUENT W/REPROG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95983	PR ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
95984	PR ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95990	PR REFILL&MAINT ENANCE PUMP DRUG DLVR SPINAL/BRAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95991	PR RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95992	PR CANALITH REPOSITIONIN G PROCEDURE, PER DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
95999	UNLISTED NEUROLOGICA L OR NEUROMUSCU LAR DIAGNOSTIC PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96000	PR COMP-BASE MOTION ANAL,VID/3-D KINEMATICS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96001	PR COMP-BASE MOT ANAL; W/DYN PLAN PRES MEAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96002	PR DYN SURF EMG,WALKING/ FUNC ACT,1-12 MUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96041	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96105	PR ASSESSMENT OF APHASIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2021
96110	PR DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96110	PR DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96112	PR DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96112	PR DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96113	PR DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96113	PR DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96116	PR NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96116	PR NEUROBEHAVI ORAL STATUS XM PHYS/QHP 1ST HOUR	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96121	PR NEUROBEHAVI ORAL STATUS XM PHYS/QHP EA ADDL HOUR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96121	PR NEUROBEHAVI ORAL STATUS XM PHYS/QHP EA ADDL HOUR	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96127	PR BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96130	PR PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96130	PR PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96131	PR PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96131	PR PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96132	PR NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96132	PR NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96133	PR NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96133	PR NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96136	PR PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96136	PR PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96137	PR PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
96137	PR PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96156	PR HEALTH BEHAVIOR ASSESSMENT/ RE-ASSESSMENT	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96156	PR HEALTH BEHAVIOR ASSESSMENT/ RE-ASSESSMENT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96158	PR HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96158	PR HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96159	PR HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96159	PR HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96160	PR PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96161	PR CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96164	PR HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96164	PR HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96165	PR HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96165	PR HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96167	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96167	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96168	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96168	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96170	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96170	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96171	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED UP TO BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022
96171	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH REQUIRED IF OVER BENEFIT LIMITS; REFER TO TMPPM FOR ADDITIONAL INFORMATION AND BENEFIT LIMITS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96360	PR IV INFUSION, HYDRATION, 31 -60 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96361	PR IV INFUSION, HYDRATION, EA ADD HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96365	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96366	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,EA ADD HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96367	PR IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96368	PR IV INFUSION, THERAP/PROPH/DIAGNOST,CONCURRENT INFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96369	PR SUBCUT INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96370	PR SUBCUT INFUSION, THERAP/PROPH/DIAGNOST,EA ADD HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96371	PR SUBCUT INFUSION, THERAP/PROPH/DIAGNOST,ADD PUMP SET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96372	PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
96373	PR INJECTION,THERAP/PROPH/DIAGNOST, INTRA-ARTERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96374	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, INITIAL DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96375	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, NEW DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96376	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, SAME DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96377	PR APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96379	PR INJECTION,THERAP/PROPH/DIAGNOST, IV OR INTRA-ARTERIAL, NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2021
96380	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
96381	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
96401	PR CHEMOTHER,NON-HORMONE ANTI-NEOPL, SUB-Q/IM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96402	PR CHEMOTHER HORMON ANTINEOPL SUB-Q/IM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96405	PR INTRALESIONAL CHEMO ADMIN,<8 LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96406	PR INTRALESIONAL CHEMO ADMIN,8+ LESN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96409	PR CHEMOTHER, IV PUSH, SNGL DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96411	PR CHEMOTHER, IV PUSH,EA ADD DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96413	PR CHEMOTHER, IV INFUSION, 1 HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96415	PR CHEMOTHER, IV INFUSION, EA HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96416	PR CHEMOTHER PROLONG INFUSE W/PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96417	PR CHEMOTHER, IV INFUSE, EACH SEQU INFUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96420	PR CHEMOTHER,IA PUSH TECHNIQUE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96422	PR CHEMOTHER,IA INFUSN TECH,<1 HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96423	PR CHEMOTHER, IA INFUSION, EA HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96425	PR CHEMOTHER,IA INFUSN TECH,>8 HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96440	PR CHEMOTHER,IN TRACAVITARY, PLEURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96446	PR ADMINISTRATION OF CHEMOTHERAPY INTO ABDOMINAL CAVITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96450	PR CHEMOTHER,CNS,W/LUMBAR PUNCTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96521	PR REFILL/MAINT, PORTABLE PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96522	PR REFILL/MAINT SYSTEMIC PUMP/RESVR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96523	PR IRRIG IMPLANTED DRUG DELIVERY DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96542	PR CHEMOTHER INJECT,SUBARACH/INTRAVENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96547	INTRAOPERATIVE HEATED INTRAPERITONEAL CHEMOTHERAPY, FIRST 60 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96548	INTRAOPERATIVE HEATED INTRAPERITONEAL CHEMOTHERAPY, EACH ADDITIONAL 30 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
96549	PR CHEMOTHERAPY, UNSPECIFIED PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
96567	PR PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96570	PR PHOTODYNAMIC TX, 1ST 30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96571	PR PHOTODYNAMIC TX, ADDL 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96573	PR PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96574	PR DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96900	PR ULTRAVIOLET LIGHT THERAPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
96910	PR PHOTOCHEMO THERAPY WITH UV-B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96912	PR PHOTOCHEMO THERAPY WITH UV-A	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96913	PR PHOTOCHEMO THERAPY, UV-A OR B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96920	PR TREATMENT OF INFLAMMATORY SKIN DISEASE USING LASER, LESS THAN 250.0 SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96921	PR LASER TX,PSORIASIS, AREA 250-500SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96922	PR LASER TX,PSORIASIS, AREA >500 SQCM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
96999	PR DERMATOLOGICAL PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97010	PR HOT OR COLD PACKS THERAPY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97012	PR MECHANICAL TRACTION THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97012	PR MECHANICAL TRACTION THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97014	PR ELECTRIC STIMULATION THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97014	PR ELECTRIC STIMULATION THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97016	PR VASOPNEUMATIC DEVICE THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97016	PR VASOPNEUMATIC DEVICE THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97018	PR PARAFFIN BATH THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97018	PR PARAFFIN BATH THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97022	PR WHIRLPOOL THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97022	PR WHIRLPOOL THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97024	PR DIATHERMY TREATMENT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97024	PR DIATHERMY TREATMENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97026	PR INFRARED THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97026	PR INFRARED THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97028	PR ULTRAVIOLET THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97028	PR ULTRAVIOLET THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97032	PR ELECTRICAL STIMULATION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97032	PR ELECTRICAL STIMULATION	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97033	PR ELECTRIC CURRENT THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97033	PR ELECTRIC CURRENT THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97034	PR CONTRAST BATH THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97034	PR CONTRAST BATH THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97035	PR ULTRASOUND THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97035	PR ULTRASOUND THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97036	PR HYDROTHERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97036	PR HYDROTHERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97037	LOW-LEVEL LASER THERAPY APPLICATION FOR PAIN MANAGEMENT AFTER SURGERY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025
97039	PR PHYSICAL THERAPY TREATMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97110	PR THERAPEUTIC EXERCISES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97110	PR THERAPEUTIC EXERCISES	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97112	PR NEUROMUSC REEDUCAT,1+ AREAS, EA 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97112	PR NEUROMUSC REEDUCAT,1+ AREAS, EA 15 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97113	PR AQUATIC THERAPY/EXERCISES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97113	PR AQUATIC THERAPY/EXERCISES	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97116	PR GAIT TRAINING THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97116	PR GAIT TRAINING THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97124	PR MASSAGE THERAPY	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97124	PR MASSAGE THERAPY	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97129	PR THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97130	PR THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97139	PR PHYSICAL MEDICINE PROCEDURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97140	PR MANUAL THER TECH,1+REGIONS,EA 15 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97140	PR MANUAL THER TECH,1+REGIONS,EA 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97150	PR GROUP THERAPEUTIC PROCEDURES	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97150	PR GROUP THERAPEUTIC PROCEDURES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97151	PR BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025
97152	PR BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025
97153	PR ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97154	PR GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025
97155	PR ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025
97156	PR FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97157	PR MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025
97158	PR GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97161	PR PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97162	PR PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97163	PR PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97164	PR PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED FOR MORE THAN 2 RE-EVALUATIONS PER CODE WITHIN 12 MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97164	PR PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR UP TO 2 RE-EVALUATIONS PER CODE WITHIN 12 MONTHS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97165	PR OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97166	PR OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97167	PR OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97168	PR OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR UP TO 2 RE-EVALUATIONS PER CODE WITHIN 12 MONTHS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97168	PR OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED FOR MORE THAN 2 RE-EVALUATIONS PER CODE WITHIN 12 MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97530	PR THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97530	PR THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97533	PR SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97535	PR SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97535	PR SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (BELLS PALSY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BELLS-PALSY.PDF MD GUIDELINE 3 (CARPAL TUNNEL SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/CARPAL-TUNNEL-SYNDROME.PDF MD GUIDELINE 4 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 5 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97537	PR COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

97537	PR COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BACK PAIN.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BACK-PAIN.PDF MD GUIDELINE 2 (LUMBAGO OF PREGNANCY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/LUMBAGO-OF-PREGNANCY.PDF MD GUIDELINE 3 (PATELLOFEMORAL PAIN SYNDROME.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PATELLOFEMORAL-PAIN-SYNDROME.PDF MD GUIDELINE 4 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 5 (THERAPY REFERRAL REVIEW BY ORDERING PHYSICIAN ATTESTATION FORM.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-REFERRAL-REVIEW-BY-ORDERING-PHYSICIAN-ATTESTATION-FORM.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97542	PR WHEELCHAIR MNGEMENT TRAINING, EA 15 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97542	PR WHEELCHAIR MNGEMENT TRAINING, EA 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97545	PR WORK HARDENING/CONDN,0-2 HR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97546	PR WORK HARDENING/CONDN,EA ADDNL HR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, CP, S, SK	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97597	PR DEBRIDEMENT OPEN WOUND 20 SQ CM<	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97598	PR DEBRIDEMENT OPEN WOUND EA ADDL 20 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
97602	PR RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97605	PR NEGATIVE PRESSURE WOUND THERAPY DME </= 50 SQ CM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
97606	PR NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
97607	PR NEG PRESSURE WOUND THERAPY NON DME </= 50 SQ CM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
97608	PR NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
97610	PR LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97750	PR PHYSICAL PERFORMANCE TEST	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
97750	PR PHYSICAL PERFORMANCE TEST	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97760	PR ORTHOTICS MGMT & TRAINJ INITIAL ENCTR EA 15 MINS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
97760	PR ORTHOTICS MGMT & TRAINJ INITIAL ENCTR EA 15 MINS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97761	PR PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
97761	PR PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97763	PR ORTHOTICS/PR OSTH MGMT &/TRAINJ SBSQ ENCTR 15 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
97763	PR ORTHOTICS/PR OSTH MGMT &/TRAINJ SBSQ ENCTR 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97799	PR PHYSICAL MEDICINE PROCEDURE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
97799	PR PHYSICAL MEDICINE PROCEDURE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT DRISCOLL CHILDREN'S HOSPITAL EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. PROCEDURE CODE 97010 IS NOT A PAYABLE BENEFIT PER THE TMHP FEE SCHEDULE; IT IS PART OF A BUNDLED SET OF CODES AND WILL NOT BE CONSIDERED SEPARATELY FOR REIMBURSEMENT.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/1/2025
97802	PR MED NUTR THER, 1ST, INDIV, EA 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
97803	PR MED NUTR THER, SUBSQ, INDIV, EA 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
97804	PR MED NUTR THER, GROUP, EA 30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
97810	PR ACUPUNCT W/O ELEC STIMUL 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
97811	PR ACUPUNCT W/O ELEC STIMUL ADDL 15M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
98925	PR OSTEOPATHIC MANIP,1-2 BODY REGN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
98926	PR OSTEOPATHIC MANIP,3-4 BODY REGN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
98927	PR OSTEOPATHIC MANIP,5-6 BODY REGN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
98928	PR OSTEOPATHIC MANIP,7-8 BODY REGN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
98929	PR OSTEOPATHIC MANIP,9-10 BODY REGN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
98940	PR CHIROPRAC MANIP,SPINAL, 1-2 REGIONS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
98941	PR CHIROPRAC MANIP,SPINAL, 3-4 REGIONS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
98942	PR CHIROPRAC MANIP,SPINAL, 5 REGIONS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
98943	PR CHIROPRAC MANIP,EXTRASPINAL,1+ REGNS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
98960	PR SELF-MGMT EDUC & TRAIN, 1 PT, EA 30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99000	PR HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
99001	PR HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99050	PR MEDICAL SERVICES AFTER HRS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99056	PR NON-OFFICE MEDICAL SERVICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99060	PR OUT OF OFFICE EMERG MEDICAL SERVICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99072	PR ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK,CP	8/1/2024
99078	PR PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99080	PR SPECIAL REPORTS OR FORMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99091	PR COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2021
99100	SPECIAL ANESTHESIA SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99116	PR ANESTHESIA WITH HYPOTHERMIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99135	PR SPECIAL ANESTHESIA PROCEDURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99140	PR EMERGENCY ANESTHESIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99151	PR MOD SED SAME PHYS / QHP < 5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
99152	PR MOD SED SAME PHYSC / QHP 5/> YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
99153	PR MOD SED SAME PHYS / QHP ADD 15 MIN EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
99155	PR MOD SED OTH PHYS/QHP < 5 YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99156	PR MOD SED OTH PHYS/QHP 5/>YRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99157	PR MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99170	PR ANOGENITAL XM MAGNIFY CHILD/SUSPEC T TRAUMA W IMG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A CHILD ABUSE PEDIATRIC EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99170	PR ANOGENITAL XM MAGNIFY CHILD/SUSPEC T TRAUMA W IMG	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A CHILD ABUSE PEDIATRICS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99183	PR PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX /SESSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99195	PR PHLEBOTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99199	PR SPECIAL SERVICE/PROC /REPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99202	PR NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFOR WARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99202	PR NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFOR WARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99202	PR NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFOR WARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99202	PR NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFOR WARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99202	PR NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFOR WARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99202	PR NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFOR WARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99203	PR OFFICE/OUTPA TIENT NEW LOW MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MIN OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MIN OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MIN OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN OR MORE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN OR MORE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99217	PR OBSERVATION CARE DISCHARGE MANAGEMENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99221	PR INITIAL HOSPITAL INPAT OR OBS PER DAY 40 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99221	PR INITIAL HOSPITAL INPAT OR OBS PER DAY 40 MINUTES	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OB OBSERVATION STAYS ARE MORE THAN 2 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2025

DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE OB OBS DX: A34, O00.0, O00.1, O00.2, O00.8, O00.9, O01.9, O02.1, O02.81, O03.0, O03.1, O03.2, O03.30, O03.31, O03.33, O03.34, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5O O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O09.00, O09.10, O09.211, O09.291, O09.30, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.621, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.20, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23O O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O12.0, O12.00, O12.01, O12.02, O12.03, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10,	AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.

O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,
022.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,
O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,
O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,
O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,

O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,
O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,
O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,
O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,
O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,

O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,
O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,
O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,
O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,
O92.3, O92.5, O92.6, O92.70,
O92.79, O94, O98.011, O98.012,

O98.013, O98.019, O98.02, O98.03,
O98.111, O98.112, O98.113,
O98.119, O98.12, O98.211, O98.212,
O98.213, O98.219, O98.22, O98.23,
O98.311, O98.312, O98.313,
O98.319, O98.32, O98.33, O98.42,
O98.43, O98.511, O98.512, O98.513,
O98.519, O98.52, O98.53, O98.611,
O98.612, O98.613, O98.619, O98.62,
O98.63, O98.811, O98.812, O98.813,
O98.819, O98.82, O98.83, O98.911,
O98.912, O98.3913, O98.919,
O98.92, O98.93, O99.011, O99.012,
O99.013, O99.019, O99.02, O99.03,
O99.111, O99.112, O99.113, O99.12,
O99.13, O99.19, O99.210, O99.211,
O99.212, O99.213, O99.214,
O99.215, O99.280, O99.281,
O99.282, O99.283, O99.284,
O99.285, O99.320, O99.321,
O99.322, O99.323, O99.324,
O99.325, O99.330, O99.331,
O99.332, O99.333, O99.334,
O99.335, O99.340, O99.341,
O99.342, O99.343, O99.344,
O99.345, O99.350, O99.351,
O99.352, O99.353, O99.354,
O99.355, O99.411, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.511, O99.512, O99.513,
O99.519, O99.52, O99.53, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.53, O99.61, O99.611, O99.612,
O99.613, O99.619, O99.62, O99.63,
O99.810, O99.814, O99.815,
O99.834, O99.835, O99.840,
O99.841, O99.842, O99.843,
O99.844, O99.845, O99.89, Z33.1,
Z33.2, Z34.0, Z34.80, Z34.90

EXCLUSIONS: AUTH REQUIRED
REGARDLESS IF DHP IS A
SECONDARY PAYOR

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99221	PR INITIAL HOSPITAL INPAT OR OBS PER DAY 40 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: INPATIENT SERVICES FOR ACUTE PSYCHIATRIC CONDITIONS IN A FREE STANDING PSYCHIATRIC HOSPITAL UP TO 15 CALENDAR DAYS EACH MONTH, MEMBERS AGES 21-64 YEARS, IS NOT A COVERED BENEFIT AND IS CONSIDERED AN IN-LIEU-OF SERVICE FOR STAR & STAR KIDS LINES OF BUSINESSE, PRIOR AUTH WILL BE CONSIDERD ON A CASE BY CASE MEDICAL NECESSITY BASIS.	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
99221	PR INITIAL HOSPITAL INPAT OR OBS PER DAY 40 MINUTES	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR OBSERVATION STAYS UP TO 2 DAYS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
99221	PR INITIAL HOSPITAL INPAT OR OBS PER DAY 40 MINUTES	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OBSERVATION STAYS ARE MORE THAN 2 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
99221	PR INITIAL HOSPITAL INPAT OR OBS PER DAY 40 MINUTES	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR OB OBSERVATION STAYS UP TO 2 DAYS DIAGNOSIS CODES: NO AUTH IS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2025

REQUIRED IF OB OBS DX: A34,
O00.0, O00.1, O00.2, O00.8, O00.9,
O01.9, O02.1, O02.81, O03.0, O03.1,
O03.2, O03.30, O03.31, O03.33,
O03.34, O03.37, O03.38, O03.39,
O03.4, O03.5, O03.6, O03.7, O03.80,
O03.81, O03.82, O03.83, O03.84,
O03.85, O03.86, O03.87, O03.88,
O03.9, O04.5, O04.6, O04.7, O04.80,
O04.81, O04.82, O04.83, O04.84,
O04.85, O04.86, O04.87, O04.88,
O04.89, O07.0, O07.1, O07.2,
O07.30, O07.31, O07.32, O07.33,
O07.34, O07.35, O07.36, O07.37,
O07.38, O07.39, O07.4, O08.0,
O08.1, O08.2, O08.3, O08.4, O08.5O
O08.6, O08.7, O08.81, O08.82,
O08.83, O08.89, O09.00, O09.10,
O09.211, O09.291, O09.30, O09.40,
O09.41, O09.42, O09.43, O09.511,
O09.512, O09.513, O09.519,
O09.521, O09.522, O09.523,
O09.529, O09.611, O09.621,
O09.819, O09.821, O09.822,
O09.823, O09.829, O09.891,
O09.892, O09.893, O09.899, O09.90,
O09.91, O09.92, O09.93, O10.011,
O10.012, O10.013, O10.019, O10.02,
O10.03, O10.111, O10.112, O10.113,
O10.119, O10.12, O10.13, O10.20,
O10.211, O10.212, O10.213,
O10.219, O10.22, O10.23O O10.311,
O10.312, O10.313, O10.319, O10.32,
O10.33, O10.411, O10.412, O10.413,
O10.419, O10.42, O10.43, O10.911,
O10.912, O10.913, O10.919, O10.92,
O10.93, O11.1, O11.2, O11.3, O11.9,
O12.0, O12.00, O12.01, O12.02,
O12.03, O12.20, O12.21, O12.22,
O12.23, O13.1, O13.2, O13.3, O13.9,
O14.00, O14.02, O14.03, O14.10,
O14.12, O14.13, O14.20, O14.22,
O14.23, O14.90, O14.92, O14.93,
O15.02, O15.03, O15.1, O15.2,
O15.9, O16.1, O16.2, O16.3, O16.9,
O20.0, O20.8, O20.9, O21.0, O21.1,
O21.2, O21.8, O21.9, O22.00,
O22.01, O22.02, O22.03, O22.10,
O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,

O22.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,
O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,
O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,
O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,
O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,

O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,
O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,
O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,
O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,
O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,

O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,
O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,
O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,
O92.3, O92.5, O92.6, O92.70,
O92.79, O94, O98.011, O98.012,
O98.013, O98.019, O98.02, O98.03,
O98.111, O98.112, O98.113,

		O98.119, O98.12, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.3913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.12, O99.13, O99.19, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.412, O99.413, O99.419, O99.42, O99.43, O99.53, O99.61, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.810, O99.814, O99.815, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, Z33.1, Z33.2, Z34.0, Z34.80, Z34.90			
99222	PR INITIAL HOSPITAL CARE/DAY 55 MINUTES	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR OB OBSERVATION STAYS UP TO 2 DAYS DIAGNOSIS CODES: NO AUTH IS REQUIRED IF OB OBS DX: A34, O00.0, O00.1, O00.2, O00.8, O00.9, O01.9, O02.1, O02.81, O03.0, O03.1, O03.2, O03.30, O03.31, O03.33,	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP	2/1/2025

O03.34, O03.37, O03.38, O03.39,
O03.4, O03.5, O03.6, O03.7, O03.80,
O03.81, O03.82, O03.83, O03.84,
O03.85, O03.86, O03.87, O03.88,
O03.9, O04.5, O04.6, O04.7, O04.80,
O04.81, O04.82, O04.83, O04.84,
O04.85, O04.86, O04.87, O04.88,
O04.89, O07.0, O07.1, O07.2,
O07.30, O07.31, O07.32, O07.33,
O07.34, O07.35, O07.36, O07.37,
O07.38, O07.39, O07.4, O08.0,
O08.1, O08.2, O08.3, O08.4, O08.5O
O08.6, O08.7, O08.81, O08.82,
O08.83, O08.89, O09.00, O09.10,
O09.211, O09.291, O09.30, O09.40,
O09.41, O09.42, O09.43, O09.511,
O09.512, O09.513, O09.519,
O09.521, O09.522, O09.523,
O09.529, O09.611, O09.621,
O09.819, O09.821, O09.822,
O09.823, O09.829, O09.891,
O09.892, O09.893, O09.899, O09.90,
O09.91, O09.92, O09.93, O10.011,
O10.012, O10.013, O10.019, O10.02,
O10.03, O10.111, O10.112, O10.113,
O10.119, O10.12, O10.13, O10.20,
O10.211, O10.212, O10.213,
O10.219, O10.22, O10.23O O10.311,
O10.312, O10.313, O10.319, O10.32,
O10.33, O10.411, O10.412, O10.413,
O10.419, O10.42, O10.43, O10.911,
O10.912, O10.913, O10.919, O10.92,
O10.93, O11.1, O11.2, O11.3, O11.9,
O12.0, O12.00, O12.01, O12.02,
O12.03, O12.20, O12.21, O12.22,
O12.23, O13.1, O13.2, O13.3, O13.9,
O14.00, O14.02, O14.03, O14.10,
O14.12, O14.13, O14.20, O14.22,
O14.23, O14.90, O14.92, O14.93,
O15.02, O15.03, O15.1, O15.2,
O15.9, O16.1, O16.2, O16.3, O16.9,
O20.0, O20.8, O20.9, O21.0, O21.1,
O21.2, O21.8, O21.9, O22.00,
O22.01, O22.02, O22.03, O22.10,
O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,
022.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,

O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,
O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,
O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,
O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,
O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,

O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,
O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,
O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,
O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,
O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,

O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,
O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,
O92.3, O92.5, O92.6, O92.70,
O92.79, O94, O98.011, O98.012,
O98.013, O98.019, O98.02, O98.03,
O98.111, O98.112, O98.113,
O98.119, O98.12, O98.211, O98.212,
O98.213, O98.219, O98.22, O98.23,
O98.311, O98.312, O98.313,
O98.319, O98.32, O98.33, O98.42,

		O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.3913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.12, O99.13, O99.19, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.412, O99.413, O99.419, O99.42, O99.43, O99.53, O99.61, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.810, O99.814, O99.815, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, Z33.1, Z33.2, Z34.0, Z34.80, Z34.90				
99222	PR INITIAL HOSPITAL CARE/DAY 55 MINUTES	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OBSERVATION STAYS ARE MORE THAN 2 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99222	PR INITIAL HOSPITAL CARE/DAY 55 MINUTES	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR OBSERVATION STAYS UP TO 2 DAYS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
99222	PR INITIAL HOSPITAL CARE/DAY 55 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: INPATIENT SERVICES FOR ACUTE PSYCHIATRIC CONDITIONS IN A FREE STANDING PSYCHIATRIC HOSPITAL UP TO 15 CALENDAR DAYS EACH MONTH, MEMBERS AGES 21-64 YEARS, IS NOT A COVERED BENEFIT AND IS CONSIDERED AN IN-LIEU-OF SERVICE FOR STAR & STAR KIDS LINES OF BUSINESSE, PRIOR AUTH WILL BE CONSIDERD ON A CASE BY CASE MEDICAL NECESSITY BASIS.	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
99222	PR INITIAL HOSPITAL CARE/DAY 55 MINUTES	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OB OBSERVATION STAYS ARE MORE THAN 2 DAYS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE OB OBS DX: A34, O00.0, O00.1, O00.2, O00.8, O00.9, O01.9, O02.1, O02.81, O03.0, O03.1, O03.2, O03.30, O03.31, O03.33, O03.34, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2,	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2025

O07.30, O07.31, O07.32, O07.33,
O07.34, O07.35, O07.36, O07.37,
O07.38, O07.39, O07.4, O08.0,
O08.1, O08.2, O08.3, O08.4, O08.5O
O08.6, O08.7, O08.81, O08.82,
O08.83, O08.89, O09.00, O09.10,
O09.211, O09.291, O09.30, O09.40,
O09.41, O09.42, O09.43, O09.511,
O09.512, O09.513, O09.519,
O09.521, O09.522, O09.523,
O09.529, O09.611, O09.621,
O09.819, O09.821, O09.822,
O09.823, O09.829, O09.891,
O09.892, O09.893, O09.899, O09.90,
O09.91, O09.92, O09.93, O10.011,
O10.012, O10.013, O10.019, O10.02,
O10.03, O10.111, O10.112, O10.113,
O10.119, O10.12, O10.13, O10.20,
O10.211, O10.212, O10.213,
O10.219, O10.22, O10.23O O10.311,
O10.312, O10.313, O10.319, O10.32,
O10.33, O10.411, O10.412, O10.413,
O10.419, O10.42, O10.43, O10.911,
O10.912, O10.913, O10.919, O10.92,
O10.93, O11.1, O11.2, O11.3, O11.9,
O12.0, O12.00, O12.01, O12.02,
O12.03, O12.20, O12.21, O12.22,
O12.23, O13.1, O13.2, O13.3, O13.9,
O14.00, O14.02, O14.03, O14.10,
O14.12, O14.13, O14.20, O14.22,
O14.23, O14.90, O14.92, O14.93,
O15.02, O15.03, O15.1, O15.2,
O15.9, O16.1, O16.2, O16.3, O16.9,
O20.0, O20.8, O20.9, O21.0, O21.1,
O21.2, O21.8, O21.9, O22.00,
O22.01, O22.02, O22.03, O22.10,
O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,
022.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,
O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,

O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,
O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,
O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,
O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,
O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,

O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,
O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,
O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,
O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,
O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,

O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,
O92.3, O92.5, O92.6, O92.70,
O92.79, O94, O98.011, O98.012,
O98.013, O98.019, O98.02, O98.03,
O98.111, O98.112, O98.113,
O98.119, O98.12, O98.211, O98.212,
O98.213, O98.219, O98.22, O98.23,
O98.311, O98.312, O98.313,
O98.319, O98.32, O98.33, O98.42,
O98.43, O98.511, O98.512, O98.513,
O98.519, O98.52, O98.53, O98.611,
O98.612, O98.613, O98.619, O98.62,
O98.63, O98.811, O98.812, O98.813,
O98.819, O98.82, O98.83, O98.911,
O98.912, O98.3913, O98.919,
O98.92, O98.93, O99.011, O99.012,
O99.013, O99.019, O99.02, O99.03,

O99.111, O99.112, O99.113, O99.12, O99.13, O99.19, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.412, O99.413, O99.419, O99.42, O99.43, O99.53, O99.61, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.810, O99.814, O99.815, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, Z33.1, Z33.2, Z34.0, Z34.80, Z34.90

EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99222	PR INITIAL HOSPITAL CARE/DAY 55 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99223	PR INITIAL HOSPITAL CARE/DAY 75 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99223	PR INITIAL HOSPITAL CARE/DAY 75 MINUTES	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OB OBSERVATION STAYS ARE MORE THAN 2 DAYS	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2025

DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE OB OBS DX: A34, O00.0, O00.1, O00.2, O00.8, O00.9, O01.9, O02.1, O02.81, O03.0, O03.1, O03.2, O03.30, O03.31, O03.33, O03.34, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5O O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O09.00, O09.10, O09.211, O09.291, O09.30, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.621, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.20, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23O O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O12.0, O12.00, O12.01, O12.02, O12.03, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10,	AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.

O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,
022.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,
O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,
O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,
O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,

O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,
O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,
O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,
O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,
O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,

O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,
O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,
O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,
O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,
O92.3, O92.5, O92.6, O92.70,
O92.79, O94, O98.011, O98.012,

O98.013, O98.019, O98.02, O98.03,
O98.111, O98.112, O98.113,
O98.119, O98.12, O98.211, O98.212,
O98.213, O98.219, O98.22, O98.23,
O98.311, O98.312, O98.313,
O98.319, O98.32, O98.33, O98.42,
O98.43, O98.511, O98.512, O98.513,
O98.519, O98.52, O98.53, O98.611,
O98.612, O98.613, O98.619, O98.62,
O98.63, O98.811, O98.812, O98.813,
O98.819, O98.82, O98.83, O98.911,
O98.912, O98.3913, O98.919,
O98.92, O98.93, O99.011, O99.012,
O99.013, O99.019, O99.02, O99.03,
O99.111, O99.112, O99.113, O99.12,
O99.13, O99.19, O99.210, O99.211,
O99.212, O99.213, O99.214,
O99.215, O99.280, O99.281,
O99.282, O99.283, O99.284,
O99.285, O99.320, O99.321,
O99.322, O99.323, O99.324,
O99.325, O99.330, O99.331,
O99.332, O99.333, O99.334,
O99.335, O99.340, O99.341,
O99.342, O99.343, O99.344,
O99.345, O99.350, O99.351,
O99.352, O99.353, O99.354,
O99.355, O99.411, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.511, O99.512, O99.513,
O99.519, O99.52, O99.53, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.53, O99.61, O99.611, O99.612,
O99.613, O99.619, O99.62, O99.63,
O99.810, O99.814, O99.815,
O99.834, O99.835, O99.840,
O99.841, O99.842, O99.843,
O99.844, O99.845, O99.89, Z33.1,
Z33.2, Z34.0, Z34.80, Z34.90

EXCLUSIONS: AUTH REQUIRED
REGARDLESS IF DHP IS A
SECONDARY PAYOR

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99223	PR INITIAL HOSPITAL CARE/DAY 75 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: INPATIENT SERVICES FOR ACUTE PSYCHIATRIC CONDITIONS IN A FREE STANDING PSYCHIATRIC HOSPITAL UP TO 15 CALENDAR DAYS EACH MONTH, MEMBERS AGES 21-64 YEARS, IS NOT A COVERED BENEFIT AND IS CONSIDERED AN IN-LIEU-OF SERVICE FOR STAR & STAR KIDS LINES OF BUSINESSE, PRIOR AUTH WILL BE CONSIDERD ON A CASE BY CASE MEDICAL NECESSITY BASIS.	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
99223	PR INITIAL HOSPITAL CARE/DAY 75 MINUTES	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR OBSERVATION STAYS UP TO 2 DAYS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
99223	PR INITIAL HOSPITAL CARE/DAY 75 MINUTES	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OBSERVATION STAYS ARE MORE THAN 2 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
99223	PR INITIAL HOSPITAL CARE/DAY 75 MINUTES	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR OB OBSERVATION STAYS UP TO 2 DAYS DIAGNOSIS CODES: NO AUTH IS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2025

REQUIRED IF OB OBS DX: A34,
O00.0, O00.1, O00.2, O00.8, O00.9,
O01.9, O02.1, O02.81, O03.0, O03.1,
O03.2, O03.30, O03.31, O03.33,
O03.34, O03.37, O03.38, O03.39,
O03.4, O03.5, O03.6, O03.7, O03.80,
O03.81, O03.82, O03.83, O03.84,
O03.85, O03.86, O03.87, O03.88,
O03.9, O04.5, O04.6, O04.7, O04.80,
O04.81, O04.82, O04.83, O04.84,
O04.85, O04.86, O04.87, O04.88,
O04.89, O07.0, O07.1, O07.2,
O07.30, O07.31, O07.32, O07.33,
O07.34, O07.35, O07.36, O07.37,
O07.38, O07.39, O07.4, O08.0,
O08.1, O08.2, O08.3, O08.4, O08.5O
O08.6, O08.7, O08.81, O08.82,
O08.83, O08.89, O09.00, O09.10,
O09.211, O09.291, O09.30, O09.40,
O09.41, O09.42, O09.43, O09.511,
O09.512, O09.513, O09.519,
O09.521, O09.522, O09.523,
O09.529, O09.611, O09.621,
O09.819, O09.821, O09.822,
O09.823, O09.829, O09.891,
O09.892, O09.893, O09.899, O09.90,
O09.91, O09.92, O09.93, O10.011,
O10.012, O10.013, O10.019, O10.02,
O10.03, O10.111, O10.112, O10.113,
O10.119, O10.12, O10.13, O10.20,
O10.211, O10.212, O10.213,
O10.219, O10.22, O10.23O O10.311,
O10.312, O10.313, O10.319, O10.32,
O10.33, O10.411, O10.412, O10.413,
O10.419, O10.42, O10.43, O10.911,
O10.912, O10.913, O10.919, O10.92,
O10.93, O11.1, O11.2, O11.3, O11.9,
O12.0, O12.00, O12.01, O12.02,
O12.03, O12.20, O12.21, O12.22,
O12.23, O13.1, O13.2, O13.3, O13.9,
O14.00, O14.02, O14.03, O14.10,
O14.12, O14.13, O14.20, O14.22,
O14.23, O14.90, O14.92, O14.93,
O15.02, O15.03, O15.1, O15.2,
O15.9, O16.1, O16.2, O16.3, O16.9,
O20.0, O20.8, O20.9, O21.0, O21.1,
O21.2, O21.8, O21.9, O22.00,
O22.01, O22.02, O22.03, O22.10,
O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,

O22.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,
O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,
O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,
O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,
O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,

O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,
O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,
O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,
O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,
O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,

O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,
O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,
O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,
O92.3, O92.5, O92.6, O92.70,
O92.79, O94, O98.011, O98.012,
O98.013, O98.019, O98.02, O98.03,
O98.111, O98.112, O98.113,

O98.119, O98.12, O98.211, O98.212,
O98.213, O98.219, O98.22, O98.23,
O98.311, O98.312, O98.313,
O98.319, O98.32, O98.33, O98.42,
O98.43, O98.511, O98.512, O98.513,
O98.519, O98.52, O98.53, O98.611,
O98.612, O98.613, O98.619, O98.62,
O98.63, O98.811, O98.812, O98.813,
O98.819, O98.82, O98.83, O98.911,
O98.912, O98.3913, O98.919,
O98.92, O98.93, O99.011, O99.012,
O99.013, O99.019, O99.02, O99.03,
O99.111, O99.112, O99.113, O99.12,
O99.13, O99.19, O99.210, O99.211,
O99.212, O99.213, O99.214,
O99.215, O99.280, O99.281,
O99.282, O99.283, O99.284,
O99.285, O99.320, O99.321,
O99.322, O99.323, O99.324,
O99.325, O99.330, O99.331,
O99.332, O99.333, O99.334,
O99.335, O99.340, O99.341,
O99.342, O99.343, O99.344,
O99.345, O99.350, O99.351,
O99.352, O99.353, O99.354,
O99.355, O99.411, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.511, O99.512, O99.513,
O99.519, O99.52, O99.53, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.53, O99.61, O99.611, O99.612,
O99.613, O99.619, O99.62, O99.63,
O99.810, O99.814, O99.815,
O99.834, O99.835, O99.840,
O99.841, O99.842, O99.843,
O99.844, O99.845, O99.89, Z33.1,
Z33.2, Z34.0, Z34.80, Z34.90

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99231	PR SBSQ HOSPITAL CARE/DAY 25 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99232	PR SBSQ HOSPITAL CARE/DAY 35 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.	MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99232	PR SBSQ HOSPITAL CARE/DAY 35 MINUTES	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR CHIP, STAR, & STAR KIDS LINES OF BUSINESS IF DX: F12.10, F31.0, F31.10, F31.12, F31.2, F31.4, F31.63, F31.64, F31.9, F32.2, F32.89, F32.9, F33.2, F33.3, F34.81, F34.89, F39, F40.10, F41.1, F41.9, F43.10, F43.12, F43.9, F43.50, F50.9, F60.3, F63.81, F65.0, F65.89, F84.0, F90.0, F90.1, F90.2, F90.8, F90.9, F91.3, F94.1, G40.813, G40.824, G40.919, Z62.810, Z62.820. Z71.3	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024
99232	PR SBSQ HOSPITAL CARE/DAY 35 MINUTES	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED FOR CHIP, STAR, & STAR KIDS LINES OF BUSINESS IF NOT ONE OF THESE DX: F12.10, F31.0, F31.10, F31.12, F31.2, F31.4, F31.63, F31.64, F31.9, F32.2, F32.89, F32.9, F33.2, F33.3, F34.81, F34.89, F39, F40.10, F41.1, F41.9, F43.10, F43.12, F43.9, F43.50, F50.9, F60.3, F63.81, F65.0, F65.89, F84.0, F90.0, F90.1, F90.2, F90.8, F90.9, F91.3, F94.1, G40.813, G40.824, G40.919, Z62.810, Z62.820. Z71.3 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99233	PR SBSQ HOSPITAL CARE/DAY 50 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99234	PR OBSERVATION/ INPATIENT HOSPITAL CARE 45 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99235	PR OBSERVATION/ INPATIENT HOSPITAL CARE 70 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99236	PR OBSERVATION/ INPATIENT HOSPITAL CARE 85 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99238	PR HOSPITAL INPAT OR OBS DISCHARGE DAY,<30 MIN ON DATE OF ENCOUNTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99239	PR HOSPITAL INPAT OR OBS DISCHARGE DAY,>30 MIN ON DATE OF ENCOUNTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99242	PR OFFICE/OTHER OUTPAT CONSULTATIO N NEW/ESTAB PATIENT 20 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99242	PR OFFICE/OTHER OUTPAT CONSULTATIO N NEW/ESTAB PATIENT 20 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99242	PR OFFICE/OTHER OUTPAT CONSULTATIO N NEW/ESTAB PATIENT 20 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99242	PR OFFICE/OTHER OUTPAT CONSULTATIO N NEW/ESTAB PATIENT 20 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99243	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 30 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99243	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 30 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99243	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99243	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 30 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99243	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 30 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99244	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 40 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99244	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 40 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99244	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 40 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99244	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 40 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99245	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 55 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99245	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 55 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99245	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 55 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99245	PR OFFICE/OTHER OUTPAT CONSULT NEW/ESTAB PATIENT 55 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99252	PR INITL INPATIENT/OBS CONSULT NEW/ESTAB PT 35 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99252	PR INITL INPATIENT/OBS CONSULT NEW/ESTAB PT 35 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99253	PR INITL INPATIENT/OBS CONSULT NEW/ESTAB PT 45 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99253	PR INITL INPATIENT/OBS CONSULT NEW/ESTAB PT 45 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99254	PR INITL INPATIENT/OBS CONSULT NEW/ESTAB PT 60 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99254	PR INITL INPATIENT/OBS CONSULT NEW/ESTAB PT 60 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99255	PR INITIAL INPATIENT/OBS CONSULT NEW/ESTAB PT 80 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99281	PR EMERGENCY DEPARTMENT VISIT MAY NOT REQUIRE PRESENCE OF PHYS OR OTHER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99282	PR EMERGENCY DEPARTMENT VISIT STRAIGHTFOR WARD MEDICAL DECISION MAKING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99283	PR EMERGENCY DEPARTMENT VISIT LOW LEVEL OF MEDICAL DECISION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99284	PR EMERGENCY DEPARTMENT VISIT MODERATE LEVEL OF MEDICAL DECISION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99285	PR EMERGENCY DEPT VISIT HIGH LEVEL OF MEDICAL DECISION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99291	PR CRITICAL CARE, E/M 30-74 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99292	PR CRITICAL CARE, >74 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99304	PR INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99305	PR INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99306	PR INITIAL NURSING FACILITY CARE/DAY 50 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99307	PR SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99308	PR SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 20 MIN OR MORE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99309	PR SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99310	PR SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 45 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99315	PR NURSING FAC DISCHRGE DAY,30 MIN OR LESS TOTAL TIME ON DATE OF ENCOUNTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99316	PR NURSING FAC DISCHRGE DAY,MORE 30 MIN TOTAL TIME ON DATE OF ENCOUNTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99341	PR HOME OR RESIDENCE VISIT NEW PATIENT LOW SEVERITY 15 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99342	PR HOME OR RESIDENCE VISIT NEW PATIENT MOD SEVERITY 30 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99344	PR HOME OR RESIDENCE VISIT NEW PATIENT HI SEVERITY 60 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99345	PR HOME OR RESIDENCE VISIT NEW PT UNSTABL/SIGNI F NEW PROB 75 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99347	PR HOME OR RESIDENCE VISIT EST PT SELF LIMITED/MINOR 20 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99348	PR HOME OR RESIDENCE VISIT EST PT LOW-MOD SEVERITY 30 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99349	PR HOME OR RESIDENCE VISIT EST PT MOD-HI SEVERITY 40 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99350	PR HOME OR RESIDENCE VST EST PT UNSTABLE/SIG NIF NEW PROB 60 MINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99358	PR PROLNG E/M SVC BEFORE&/AFTE R DIR PT CARE 1ST HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99359	PR PROLNG E/M BEFORE&/AFTE R DIR CARE EA 30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99366	PR TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMHP TMPPM CHILDREN SERVICES HANDBOOK, VOLUME 2, SECTION 2.3, MEDICAID AUTISM SERVICES POLICY HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	2/1/2025
99367	PR TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99374	PR SUPVJ PT HOME HEALTH AGENCY MO 15 -29 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99375	PR SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99377	PR SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99378	PR SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99379	PR SUPERVISION NURS FACILITY PATIENT MO 15 -29 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99380	PR SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99381	PREVENTIVE VISIT,NEW,INFANT < 1 YR	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99381	PREVENTIVE VISIT,NEW,INFANT < 1 YR	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99382	PREVENTIVE VISIT,NEW,AGE 1-4	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99382	PREVENTIVE VISIT,NEW,AGE 1-4	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99383	PREVENTIVE VISIT,NEW,AGE 5-11	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99383	PREVENTIVE VISIT,NEW,AGE 5-11	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99384	PREVENTIVE VISIT,NEW,12-17	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99384	PREVENTIVE VISIT,NEW,12-17	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99385	PREVENTIVE VISIT,NEW,18-39	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99385	PREVENTIVE VISIT,NEW,18-39	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99386	PREVENTIVE VISIT,NEW,40-64	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99386	PREVENTIVE VISIT,NEW,40-64	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99387	PREVENTIVE VISIT,NEW,65 & OVER	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99387	PREVENTIVE VISIT,NEW,65 & OVER	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99391	PREVENTIVE VISIT,EST, INFANT < 1 YR	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99391	PREVENTIVE VISIT,EST, INFANT < 1 YR	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99392	PREVENTIVE VISIT,EST,AGE 1-4	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99392	PREVENTIVE VISIT,EST,AGE 1-4	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99393	PREVENTIVE VISIT,EST,AGE5-11	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99393	PREVENTIVE VISIT,EST,AGE5-11	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99394	PREVENTIVE VISIT,EST,12-17	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024
99394	PREVENTIVE VISIT,EST,12-17	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.110, Z00.111, Z00.121, Z00.129, Z00.00, Z00.01		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99395	PREVENTIVE VISIT,EST,18-39	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99395	PREVENTIVE VISIT,EST,18-39	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99396	PREVENTIVE VISIT,EST,40-64	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99396	PREVENTIVE VISIT,EST,40-64	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99397	PREVENTIVE VISIT,EST,65 & OVER	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99397	PREVENTIVE VISIT,EST,65 & OVER	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: Z00.00, Z00.01, Z01.411, Z01.419		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		9/1/2024
99402	PR PREVENT COUNSEL,INDI V,30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99404	PR PREVENT COUNSEL,INDI V,60 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99406	PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021
99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99408	PR ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
99417	PR PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99417	PR PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99417	PR PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99417	PR PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FEDERALLY QUALIFIED HEALTH CENTERS (FQHC))		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		1/1/2023
99417	PR PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99418	PR PROLONGED INPATIENT/OBSERVATION E/M	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OB OBSERVATION STAYS ARE MORE	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		2/1/2025

SVC EA 15 MIN	THAN 2 DAYS DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE OB OBS DX: A34, O00.0, O00.1, O00.2, O00.8, O00.9, O01.9, O02.1, O02.81, O03.0, O03.1, O03.2, O03.30, O03.31, O03.33, O03.34, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5O O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O09.00, O09.10, O09.211, O09.291, O09.30, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.621, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.20, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23O O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O12.0, O12.00, O12.01, O12.02, O12.03, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1,	INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.

O21.2, O21.8, O21.9, O22.00,
O22.01, O22.02, O22.03, O22.10,
O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,
022.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,
O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,
O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,

O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,
O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,
O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,
O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,
O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,

O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,
O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,
O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,
O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,
O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,

		O92.3, O92.5, O92.6, O92.70, O92.79, O94, O98.011, O98.012, O98.013, O98.019, O98.02, O98.03, O98.111, O98.112, O98.113, O98.119, O98.12, O98.211, O98.212, O98.213, O98.219, O98.22, O98.23, O98.311, O98.312, O98.313, O98.319, O98.32, O98.33, O98.42, O98.43, O98.511, O98.512, O98.513, O98.519, O98.52, O98.53, O98.611, O98.612, O98.613, O98.619, O98.62, O98.63, O98.811, O98.812, O98.813, O98.819, O98.82, O98.83, O98.911, O98.912, O98.3913, O98.919, O98.92, O98.93, O99.011, O99.012, O99.013, O99.019, O99.02, O99.03, O99.111, O99.112, O99.113, O99.12, O99.13, O99.19, O99.210, O99.211, O99.212, O99.213, O99.214, O99.215, O99.280, O99.281, O99.282, O99.283, O99.284, O99.285, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345, O99.350, O99.351, O99.352, O99.353, O99.354, O99.355, O99.411, O99.412, O99.413, O99.419, O99.42, O99.43, O99.511, O99.512, O99.513, O99.519, O99.52, O99.53, O99.412, O99.413, O99.419, O99.42, O99.43, O99.53, O99.61, O99.611, O99.612, O99.613, O99.619, O99.62, O99.63, O99.810, O99.814, O99.815, O99.834, O99.835, O99.840, O99.841, O99.842, O99.843, O99.844, O99.845, O99.89, Z33.1, Z33.2, Z34.0, Z34.80, Z34.90 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR			
99418	PR PROLONGED INPATIENT/OBS	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL	C, S, SK,CP	2/1/2025

ERVATION E/M SVC EA 15 MIN	FOR OB OBSERVATION STAYS UP TO 2 DAYS DIAGNOSIS CODES: NO AUTH IS REQUIRED IF OB OBS DX: A34, O00.0, O00.1, O00.2, O00.8, O00.9, O01.9, O02.1, O02.81, O03.0, O03.1, O03.2, O03.30, O03.31, O03.33, O03.34, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5O O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O09.00, O09.10, O09.211, O09.291, O09.30, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.621, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.20, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23O O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O12.0, O12.00, O12.01, O12.02, O12.03, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1,	NECESSITY

O21.2, O21.8, O21.9, O22.00,
O22.01, O22.02, O22.03, O22.10,
O22.11, O22.12, O22.13, O22.20,
O22.21, O22.23, O22.31, O22.32,
022.33, O22.4, O22.41, O22.42,
O22.43, O22.50, O22.51, O22.52,
O22.53, O22.8X1, O22.8X2,
O22.8X3, O22.91, O22.92, O22.93,
O23.00, O23.10, O23.20, O23.30,
O23.40, O23.41, O23.42, O23.43,
O23.519, O23.529, O23.599, O23.90,
O23.91, O23.92, O23.93, O24.319,
O24.32, O24.419, O24.429, O24.439,
O24.911, O24.912, O24.913, O24.92,
O24.93, O25.10, O25.11, O25.12,
O25.13, O25.2O O25.3, O26.00,
O26.01, O26.02, O26.03, O26.11,
O26.12, O26.13, O26.20, O26.21,
O26.22, O26.23, O26.41, O26.42,
O26.43, O26.50, O26.51, O26.52,
O26.53, O26.611, O26.612, O26.613,
O26.619, O26.62, O26.63, O26.811,
O26.812, O26.813, O26.819,
O26.821, O26.822, O26.823,
O26.829, O26.83, O26.831, O26.832,
O26.833, O26.839, O26.841,
O26.842, O26.843, O26.849,
O26.851, O26.852, O26.853,
O26.859, O26.891, O26.892,
O26.893, O26.90, O30.001, O30.003,
O30.009, O30.101, O30.102,
O30.103, O30.109, O30.201,
O30.202, O30.203, O30.209,
O30.801, O30.802, O30.803,
O30.809, O30.90, O30.91, O30.92,
O30.93, O31.00X0, O31.01X0,
O31.02X0, O31.03X0, O31.10X0,
O31.30X0, O31.31X0, O31.32X0,
O31.33X0, O31.8X10, O31.8X20,
O31.8X30, O32.0XX0, O32.1XX0,
O32.2XX0, O32.3XX0, O32.4XX0,
O32.6XX0, O32.8XX0, O32.9XX0,
O33.0, O33.1, O33.2, O33.7, O33.8,
O33.9, O33.3XX0, O33.4XX0,
O33.5XX0, O33.6XX0, O34.00,
O34.01, O34.02, O34.03, O34.10,
O34.11, O34.12, O34.13, O34.21,
O34.29, O34.30, O34.31, O34.32,
O34.33, O34.40, O34.41, O34.42,
O34.43, O34.511, O34.512, O34.513,

O34.519, O34.521, O34.522,
O34.523, O34.529, O34.531,
O34.532, O34.533, O34.539,
O34.591, O34.592, O34.593,
O34.599, O34.60, O34.61, O34.62,
O34.63, O34.70, O34.71, O34.72,
O34.73, O34.80, O34.81, O34.82,
O34.83, O34.90, O34.91, O34.92,
O34.93, O35.0XX0, O35.1XX0,
O35.2XX0, O.5.3XX0, O35.4XX0,
O35.5XX0, O35.6XX0, O35.8XX0,
O35.9XX0, O36.0110, O36.0120,
O36.0130, O36.0190, O36.0910,
O36.0920, O36.0930, O36.0990,
O36.1110, O36.1120, O36.1130,
O36.1190, O36.9110, O36.1920,
O36.1930, O36.1990, O36.4XX0,
O36.5110, O36.5120, O36.5130,
O36.5190, O36.5910, O36.5920,
O36.5930, O36.5990, O36.61X0,
O36.62X0, O36.63X0, O36.8120,
O36.8130, O36.8190, O36.91X0,
O36.92X0, O36.93X0, O40.1XX0,
O40.2XX0, O40.3XX0, O40.9XX0,
O41.00X0, O41.01X0, O41.02X0,
O41.03X0, O41.1010, O41.1020,
O41.1030, O41.1090, O41.1210,
O41.1220, O41.1230, O41.1290,
O41.1410, O41.1420, O41.1430,
O41.1490, O41.8X10, O41.8X20,
O41.8X30, O41.8X90, O41.90X0,
O41.91X0, O41.92X0, O41.93X0,
O42.00, O42.011, O42.012, O42.013,
O42.02, O42.10, O42.111, O42.112,
O42.113, O43.011, O43.019,
O43.101, O43.102, O43.103, O43.19,
O43.199, O43.211, O43.212,
O43.213, O43.221, O43.222,
O43.223, O43.231, O43.232,
O43.233, O43.239, O43.811,
O43.812, O43.813, O43.819, O43.91,
O43.92, O43.93, O44.00, O44.01,
O44.02, O44.03, O44.10, O44.11,
O44.12, O44.13, O45.001, O45.002,
O45.003, O45.011, O45.012,
O45.013, O45.021, O45.022,
O45.023, O45.091, O45.092,
O45.093, O45.8X1, O45.8X2,
O45.8X3, O45.8X9, O45.91, O45.92,
O45.93, O46.001, O46.002, O46.003,

O46.009, O46.011, O46.012,
O46.013, O46.021, O46.022,
O46.023, O46.029, O46.091,
O46.092, O46.093, O46.099, O46.19,
O46.8X1, O46.8X2, O46.8X3,
O46.8X9, O46.91, O46.92, O46.93,
O47.00, O47.02, O47.03, O47.1,
O47.9, O48.0, O48.1, O60.00,
O60.02, O60.10X0, O60.12X0,
O60.13X0, O60.14X0, O60.03,
O61.0, O61.1, O61.9, O62.0, O62.1,
O62.2, O62.3, O62.4, O62.9, O63.0,
O63.1, O63.2, O63.9, O64.1XX0,
O64.9XX0, O66.0, O66.1, O66.40,
O66.5, O66.8, O66.9, O67.0, O67.8,
O67.8X1, O67.8X2, O67.8X3, O68,
O69.0XX0, O69.1XX0, O69.2XX0,
O69.4XX0, O69.5XX0, O69.81X0,
O69.82X0, O69.89X0, O69.9XX0,
O70.0, O70.1, O70.2, O70.3, O70.4,
O70.9, O71.00, O71.02, O71.03,
O71.1, O71.2, O71.3, O71.4, O71.5,
O71.6, O71.7, O71.82, O71.89,
O71.9, O72.0, O72.1, O72.2, O72.3,
O73.0, O73.1, O74.1, O74.2, O74.3,
O74.8, O74.9, O75.0, O75.1, O75.2,
O75.3, O75.4, O75.5, O75.81,
O75.89, O75.9, O76, O80, O82, O85,
O86.11, O86.12, O86.13, O86.19,
O86.20, O86.21, O86.22, O86.29,
O86.4, O86.81, O86.89, O87.0,
O87.1, O87.2, O87.3, O87.4, O87.8,
O87.9, O88.011, O88.012, O88.013,
O88.019, O88.02, O88.03, O88.111,
O88.112, O88.113, O88.119, O88.12,
O88.13, O88.211, O88.212, O88.213,
O88.219, O88.22, O88.23, O88.311,
O88.312, O88.313, O88.319, O88.32,
O88.33, O88.811, O88.812, O88.813,
O88.819, O88.82, O88.83, O89.09,
O89.2, O89.8, O89.9, O9A.23, O90.3,
O90.5, O90.6, O90.81, O90.89,
O90.9, O91.011, O91.012, O91.013,
O91.019, O91.02, O91.111, O91.112,
O91.113, O91.119, O91.12, O91.211,
O91.212, O91.213, O91.219, O91.22,
O91.23, O91.8X90, O92.011,
O92.012, O92.013, O92.019, O92.03,
O92.111, O92.112, O92.113,
O92.119, O92.13, O92.20, O92.29,

O92.3, O92.5, O92.6, O92.70,
O92.79, O94, O98.011, O98.012,
O98.013, O98.019, O98.02, O98.03,
O98.111, O98.112, O98.113,
O98.119, O98.12, O98.211, O98.212,
O98.213, O98.219, O98.22, O98.23,
O98.311, O98.312, O98.313,
O98.319, O98.32, O98.33, O98.42,
O98.43, O98.511, O98.512, O98.513,
O98.519, O98.52, O98.53, O98.611,
O98.612, O98.613, O98.619, O98.62,
O98.63, O98.811, O98.812, O98.813,
O98.819, O98.82, O98.83, O98.911,
O98.912, O98.3913, O98.919,
O98.92, O98.93, O99.011, O99.012,
O99.013, O99.019, O99.02, O99.03,
O99.111, O99.112, O99.113, O99.12,
O99.13, O99.19, O99.210, O99.211,
O99.212, O99.213, O99.214,
O99.215, O99.280, O99.281,
O99.282, O99.283, O99.284,
O99.285, O99.320, O99.321,
O99.322, O99.323, O99.324,
O99.325, O99.330, O99.331,
O99.332, O99.333, O99.334,
O99.335, O99.340, O99.341,
O99.342, O99.343, O99.344,
O99.345, O99.350, O99.351,
O99.352, O99.353, O99.354,
O99.355, O99.411, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.511, O99.512, O99.513,
O99.519, O99.52, O99.53, O99.412,
O99.413, O99.419, O99.42, O99.43,
O99.53, O99.61, O99.611, O99.612,
O99.613, O99.619, O99.62, O99.63,
O99.810, O99.814, O99.815,
O99.834, O99.835, O99.840,
O99.841, O99.842, O99.843,
O99.844, O99.845, O99.89, Z33.1,
Z33.2, Z34.0, Z34.80, Z34.90

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99418	PR PROLONGED INPATIENT/OBSERVATION E/M SVC EA 15 MIN	**AUTHORIZATION REQUIRED** LIMITS: AUTH IS REQUIRED IF OBSERVATION STAYS ARE MORE THAN 2 DAYS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
99418	PR PROLONGED INPATIENT/OBSERVATION E/M SVC EA 15 MIN	**NO AUTHORIZATION REQUIRED** LIMITS: NO AUTH IS REQUIRED FOR OBSERVATION STAYS UP TO 2 DAYS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
99418	PR PROLONGED INPATIENT/OBSERVATION E/M SVC EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: INPATIENT SERVICES FOR ACUTE PSYCHIATRIC CONDITIONS IN A FREE STANDING PSYCHIATRIC HOSPITAL UP TO 15 CALENDAR DAYS EACH MONTH, MEMBERS AGES 21-64 YEARS, IS NOT A COVERED BENEFIT AND IS CONSIDERED AN IN-LIEU-OF SERVICE FOR STAR & STAR KIDS LINES OF BUSINESSE, PRIOR AUTH WILL BE CONSIDERD ON A CASE BY CASE MEDICAL NECESSITY BASIS.	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99421	PR ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99422	PR ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99429	PR UNLISTED PREVENTIVE SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99429	PR UNLISTED PREVENTIVE SERVICE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A BEHAVIORAL HEALTH		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
99429	PR UNLISTED PREVENTIVE SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
99429	PR UNLISTED PREVENTIVE SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE WITHIN THE PREVIOUS 7 DAYS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
99460	PR INITIAL NORMAL NEWBORN CARE, HOSPITAL OR BIRTH CENTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99461	PR INITIAL NORMAL NEWBORN CARE, EXCEPT HOSPITAL OR BIRTH CENTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99462	PR SUBSEQUENT HOSPITAL CARE, NORMAL NEWBORN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99463	PR INITIAL NORMAL NEWBORN CARE, SAME DAY DISCHARGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99464	PR ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99465	PR DELIVERY/BIRTHING ROOM RESUSCITATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99468	PR INITIAL HOSP NEONATE 28 DAY OR LESS, CRITICALLY ILL	**AUTHORIZATION REQUIRED** EXCLUSIONS: INPATIENT SERVICES FOR ACUTE PSYCHIATRIC CONDITIONS IN A FREE STANDING PSYCHIATRIC HOSPITAL UP TO 15 CALENDAR DAYS EACH MONTH, MEMBERS AGES 21-64 YEARS, IS NOT A COVERED BENEFIT AND IS CONSIDERED AN IN-LIEU-OF SERVICE FOR STAR & STAR KIDS LINES OF BUSINESSE, PRIOR AUTH WILL BE CONSIDERD ON A CASE BY CASE MEDICAL NECESSITY BASIS.	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
99469	PR SUBSEQUENT HOSP NEONATE 28 DAY OR LESS, CRITICALLY ILL	**AUTHORIZATION REQUIRED** EXCLUSIONS: INPATIENT SERVICES FOR ACUTE PSYCHIATRIC CONDITIONS IN A FREE STANDING PSYCHIATRIC HOSPITAL UP TO 15 CALENDAR DAYS EACH MONTH, MEMBERS AGES 21-64 YEARS, IS NOT A COVERED BENEFIT AND IS CONSIDERED AN IN-LIEU-OF SERVICE FOR STAR & STAR KIDS LINES OF BUSINESSE, PRIOR AUTH WILL BE CONSIDERD ON A CASE BY CASE MEDICAL NECESSITY BASIS.	INTERQUAL DRISCOLL HEALTH PLAN UTILIZES PROPRIETARY INTERQUAL REVIEW CRITERIA FOR THE REQUESTED SERVICE AS A GUIDE FOR MEDICAL JUDGMENT OF QUALIFIED HEALTH CARE PROVIDERS/REVIEWERS.	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2023
99471	PR INITIAL PED CRITICAL CARE 29 DAY THRU 24 MO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99472	PR SUBSEQUENT PED CRITICAL CARE 29 DAY THRU 24 MO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99473	PR SELF-MEAS BP PT EDUCAJ/TRAIN G & DEV CALIBRATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99474	PR SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99475	PR INITIAL PED CRITICAL CARE 2 YR THRU 5 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99476	PR SUBSEQUENT PED CRITICAL CARE 2 YR THRU 5 YR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99477	PR INITIAL HOSP NEONATE 28 DAY OR LESS, NOT CRITICALLY ILL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99478	PR SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99479	PR SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99480	PR SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99492	PR 1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
99493	PR SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
99494	PR 1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
99499	PR UNLISTED E/M SERVICE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A CHILD ABUSE PEDIATRICS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
99499	PR UNLISTED E/M SERVICE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A CHILD ABUSE PEDIATRIC EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
99503	PR HOME VISIT,RESPIRATORY THERAPY CARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
99504	PR HOME VISIT,MECHANICAL VENTILATION CARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A0020	PR AMBULANCE SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A0021	PR OUTSIDE STATE AMBULANCE SERV	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0021	PR OUTSIDE STATE AMBULANCE SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0080	PR NONINTEREST ESCORT IN NON ER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0080	PR NONINTEREST ESCORT IN NON ER	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0090	PR INTEREST ESCORT IN NON ER	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0090	PR INTEREST ESCORT IN NON ER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0100	PR NONEMERGENCY TRANSPORT TAXI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0100	PR NONEMERGENCY TRANSPORT TAXI	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0110	PR NONEMERGENCY TRANSPORT BUS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0110	PR NONEMERGENCY TRANSPORT BUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0120	PR NONER TRANSPORT MINI-BUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0120	PR NONER TRANSPORT MINI-BUS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0130	PR NONER TRANSPORT WHEELCH VAN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0130	PR NONER TRANSPORT WHEELCH VAN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0140	PR NONEMERGENCY TRANSPORT AIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0140	PR NONEMERGENCY TRANSPORT AIR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0160	PR NONER TRANSPORT CASE WORKER	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0160	PR NONER TRANSPORT CASE WORKER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0170	PR TRANSPORT PARKING FEES/TOLLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0170	PR TRANSPORT PARKING FEES/TOLLS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0180	PR NONER TRANSPORT LODGNG RECIP	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0180	PR NONER TRANSPORT LODGNG RECIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0190	PR NONER TRANSPORT MEALS RECIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0190	PR NONER TRANSPORT MEALS RECIP	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0200	PR NONER TRANSPORT LODGNG ESCRT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0200	PR NONER TRANSPORT LODGNG ESCRT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0210	PR NONER TRANSPORT MEALS ESCORT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0210	PR NONER TRANSPORT MEALS ESCORT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0225	PR NEONATAL EMERGENCY TRANSPORT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0225	PR NEONATAL EMERGENCY TRANSPORT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0380	PR BASIC LIFE SUPPORT MILEAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0380	PR BASIC LIFE SUPPORT MILEAGE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0382	PR BASIC SUPPORT ROUTINE SUPPLS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0382	PR BASIC SUPPORT ROUTINE SUPPLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0384	PR BLS DEFIBRILLATION SUPPLIES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0384	PR BLS DEFIBRILLATION SUPPLIES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0390	PR ADVANCED LIFE SUPPORT MILEAG	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0390	PR ADVANCED LIFE SUPPORT MILEAG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0392	PR ALS DEFIBRILLATION SUPPLIES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0392	PR ALS DEFIBRILLATION SUPPLIES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0394	PR ALS IV DRUG THERAPY SUPPLIES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0394	PR ALS IV DRUG THERAPY SUPPLIES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0396	PR ALS ESOPHAGEAL INTUB SUPPLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0396	PR ALS ESOPHAGEAL INTUB SUPPLS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0398	PR ALS ROUTINE DISPOSBLE SUPPLS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0398	PR ALS ROUTINE DISPOSBLE SUPPLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0420	PR AMBULANCE WAITING 1/2 HR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0420	PR AMBULANCE WAITING 1/2 HR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0422	PR AMBULANCE 02 LIFE SUSTAINING	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0422	PR AMBULANCE 02 LIFE SUSTAINING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0424	PR EXTRA AMBULANCE ATTENDANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0424	PR EXTRA AMBULANCE ATTENDANT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0425	PR GROUND MILEAGE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0425	PR GROUND MILEAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0426	PR ALS 1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0426	PR ALS 1	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0427	PR ALS1-EMERGENCY	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0427	PR ALS1-EMERGENCY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0428	PR BLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0428	PR BLS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0429	PR BLS-EMERGENCY	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0429	PR BLS-EMERGENCY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0430	PR FIXED WING AIR TRANSPORT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0430	PR FIXED WING AIR TRANSPORT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0431	PR ROTARY WING AIR TRANSPORT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0431	PR ROTARY WING AIR TRANSPORT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0432	PR PI VOLUNTEER AMBULANCE CO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0432	PR PI VOLUNTEER AMBULANCE CO	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0433	PR ALS 2	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0433	PR ALS 2	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0434	PR SPECIALTY CARE TRANSPORT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0434	PR SPECIALTY CARE TRANSPORT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0435	PR FIXED WING AIR MILEAGE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0435	PR FIXED WING AIR MILEAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0436	PR ROTARY WING AIR MILEAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0436	PR ROTARY WING AIR MILEAGE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0888	PR NONCOVERED AMBULANCE MILEAGE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0888	PR NONCOVERED AMBULANCE MILEAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A0998	PR AMBULANCE RESPONSE/TREATMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A0998	PR AMBULANCE RESPONSE/TREATMENT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0999	PR UNLISTED AMBULANCE SERVICE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
A0999	PR UNLISTED AMBULANCE SERVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
A2022	INNOVABURN OR INNOVAMATRIX XL, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A2023	INNOVAMATRIX PD, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
A2024	RESOLVE OR XENOPATCH SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
A2025	MIRO3D, PER CUBIC CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
A4206	1 CC STERILE SYRINGE&NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4207	PR 2 CC STERILE SYRINGE&NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4208	PR 3 CC STERILE SYRINGE&NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4209	PR 5+ CC STERILE SYRINGE&NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4211	PR SUPP FOR SELF-ADM INJECTIONS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4212	PR NON CORING NEEDLE OR STYLET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4213	PR 20+ CC SYRINGE ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4215	PR STERILE NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4216	PR STERILE WATER/SALINE, 10 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4217	PR STERILE WATER/SALINE, 500 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4220	PR INFUSION PUMP REFILL KIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4221	PR MAINT DRUG INFUS CATH PER WK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4222	PR INFUSION SUPPLIES WITH PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4223	PR INFUSION SUPPLIES W/O PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4224	PR SUPPLY INSULIN INF CATH/WK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4225	PR SUP/EXT INSULIN INF PUMP SYR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4230	PR INFUS INSULIN PUMP NON NEEDL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4231	PR INFUSION INSULIN PUMP NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4232	PR SYRINGE W/NEEDLE INSULIN 3CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4233	PR ALKALIN BATT FOR GLUCOSE MON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4234	PR J-CELL BATT FOR GLUCOSE MON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4235	PR LITHIUM BATT FOR GLUCOSE MON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4236	PR SILVR OXIDE BATT GLUCOSE MON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4239	PR SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
A4244	PR ALCOHOL OR PEROXIDE PER PINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4245	PR ALCOHOL WIPES PER BOX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4246	PR BETADINE/PHISOHEX SOLUTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4247	PR BETADINE/IODINE SWABS/WIPES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4248	PR CHLORHEXIDINE ANTISEPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4250	PR URINE REAGENT STRIPS/TABLETS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4252	BLOOD KETONE TEST OR STRIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4253	PR BLOOD GLUCOSE/REAGENT STRIPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4256	PR CALIBRATOR SOLUTION/CHIPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4258	PR LANCET DEVICE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4259	PR LANCETS PER BOX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4261	PR CERVICAL CAP CONTRACEPTIVE	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025
A4261	PR CERVICAL CAP CONTRACEPTIVE	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025
A4261	PR CERVICAL CAP CONTRACEPTIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A4263	PR PERMANENT TEAR DUCT PLUG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4264	PR INTRATUBAL OCCLUSION DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4265	PR PARAFFIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4266	PR DIAPHRAGM	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025
A4266	PR DIAPHRAGM	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.012, Z30.018, Z30.09, Z30.2, Z30.40-Z30.42, Z30.431, Z30.432, Z30.49, Z30.8, Z30.9, Z64.1 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025
A4266	PR DIAPHRAGM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A4267	PR MALE CONDOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A4268	PR FEMALE CONDOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4269	PR SPERMICIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A4280	PR BRST PRSTHS ADHSV ATTCHMNT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4281	PR REPLACEMENT BREASTPUMP TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4282	PR REPLACEMENT BREASTPUMP ADPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4283	PR REPLACEMENT BREASTPUMP CAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4284	PR REPLCMNT BREAST PUMP SHIELD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4285	PR REPLCMNT BREAST PUMP BOTTLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4286	PR REPLCMNT BREASTPUMP LOK RING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4290	PR SACRAL NERVE STIM TEST LEAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4300	PR CATH IMPL VASC ACCESS PORTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4301	PR IMPLANTABLE ACCESS SYST PERC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4305	PR DRUG DELIVERY SYSTEM >=50 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4306	PR DRUG DELIVERY SYSTEM <=50 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4310	PR INSERT TRAY W/O BAG/CATH	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4311	PR CATHETER W/O BAG 2-WAY LATEX	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4312	PR CATH W/O BAG 2-WAY SILICONE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4313	PR CATHETER W/BAG 3-WAY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4314	PR CATH W/DRAINAGE 2-WAY LATEX	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4315	PR CATH W/DRAINAGE 2-WAY SILCNE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4316	PR CATH W/DRAINAGE 3-WAY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4320	PR IRRIGATION TRAY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4321	PR CATH THERAPEUTIC IRRIG AGENT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4322	PR IRRIGATION SYRINGE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4326	PR MALE EXTERNAL CATHETER	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4327	PR FEM URINARY COLLECT DEV CUP	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4328	PR FEM URINARY COLLECT POUCH	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4330	PR STOOL COLLECTION POUCH	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4331	PR EXTENSION DRAINAGE TUBING	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4332	PR LUBE STERILE PACKET	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4333	PR URINARY CATH ANCHOR DEVICE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4334	PR URINARY CATH LEG STRAP	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4335	PR INCONTINENCE SUPPLY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4337	PR INCONTINENT RECTAL INSERT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
A4338	PR INDWELLING CATHETER LATEX	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4340	PR INDWELLING CATHETER SPECIAL	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4344	PR CATH INDW FOLEY 2 WAY SILICN OR POLYURETHANE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4346	PR CATH INDW FOLEY 3 WAY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4349	PR DISPOSABLE MALE EXTERNAL CAT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4351	PR STRAIGHT TIP URINE CATHETER	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4352	PR COUDE TIP URINARY CATHETER	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4353	PR INTERMITTENT URINARY CATH	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4354	PR CATH INSERTION TRAY W/BAG	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4355	PR BLADDER IRRIGATION TUBING	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4356	PR EXT URETH CLMP OR COMPR DVC	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4357	PR BEDSIDE DRAINAGE BAG	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4358	PR URINARY LEG OR ABDOMEN BAG	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4360	PR DISPOSABLE EXT URETHRAL DEV	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A4361	PR OSTOMY FACE PLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4362	PR SOLID SKIN BARRIER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4363	PR OSTOMY CLAMP, REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4364	PR ADHESIVE, LIQUID OR EQUAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4365	PR ADHESIVE REMOVER WIPES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4366	PR OSTOMY VENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4367	PR OSTOMY BELT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4368	PR OSTOMY FILTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4369	PR SKIN BARRIER LIQUID PER OZ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4371	PR SKIN BARRIER POWDER PER OZ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4372	PR SKIN BARRIER SOLID 4X4 EQUIV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4373	PR SKIN BARRIER WITH FLANGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4375	PR DRAINABLE PLASTIC PCH W FCPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4376	PR DRAINABLE RUBBER PCH W FCPLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4377	PR DRAINABLE PLSTIC PCH W/O FP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4378	PR DRAINABLE RUBBER PCH W/O FP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4379	PR URINARY PLASTIC POUCH W FCPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4380	PR URINARY RUBBER POUCH W FCPLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4381	PR URINARY PLASTIC POUCH W/O FP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4382	PR URINARY HVY PLSTC PCH W/O FP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4383	PR URINARY RUBBER POUCH W/O FP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4384	PR OSTOMY FACEPLT/SILIC ONE RING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4385	PR OST SKN BARRIER SLD EXT WEAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4387	PR OST CLSD POUCH W ATT ST BARR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4388	PR DRAINABLE PCH W EX WEAR BARR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4389	PR DRAINABLE PCH W ST WEAR BARR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4390	PR DRAINABLE PCH EX WEAR CONVEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4391	PR URINARY POUCH W EX WEAR BARR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4392	PR URINARY POUCH W ST WEAR BARR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4393	PR URINE PCH W EX WEAR BAR CONV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4394	PR OSTOMY POUCH LIQ DEODORANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4395	PR OSTOMY POUCH SOLID DEODORANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4396	PR PERISTOMAL HERNIA SUPPRT BLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4398	PR OSTOMY IRRIGATION BAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4399	PR OSTOMY IRRIG CONE/CATH W BRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4400	PR OSTOMY IRRIGATION SET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4402	PR LUBRICANT PER OUNCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4404	PR OSTOMY RING EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4405	PR NONPECTIN BASED OSTOMY PASTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4406	PR PECTIN BASED OSTOMY PASTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4407	PR EXT WEAR OST SKN BARR <=4SQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4408	PR EXT WEAR OST SKN BARR >4SQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4409	PR OST SKN BARR CONVEX <=4 SQ I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4410	PR OST SKN BARR EXTND >4 SQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4411	PR OST SKN BARR EXTND =4SQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4412	PR OST POUCH DRAIN HIGH OUTPUT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4413	PR 2 PC DRAINABLE OST POUCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4414	PR OST SKNBAR W/O CONV<=4 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4415	PR OST SKN BARR W/O CONV >4 SQI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4416	PR OST PCH CLSD W BARRIER/FILTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4417	PR OST PCH W BAR/BLTINCON V/FLTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4418	PR OST PCH CLSD W/O BAR W FILTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4419	PR OST PCH FOR BAR W FLANGE/FLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4420	PR OST PCH CLSD FOR BAR W LK FL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4421	PR OSTOMY SUPPLY MISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4422	PR OST POUCH ABSORBENT MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4423	PR OST PCH FOR BAR W LK FL/FLTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4424	PR OST PCH DRAIN W BAR & FILTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4425	PR OST PCH DRAIN FOR BARRIER FL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4426	PR OST PCH DRAIN 2 PIECE SYSTEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4427	PR OST PCH DRAIN/BARR LK FLNG/F	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4428	PR URINE OST POUCH W FAUCET/TAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4429	PR URINE OST POUCH W BLTINCONV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4430	PR OST URINE PCH W B/BLTIN CONV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4431	PR OST PCH URINE W BARRIER/TAPV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4432	PR OS PCH URINE W BAR/FANGE/TAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4433	PR URINE OST PCH BAR W LOCK FLN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4434	PR OST PCH URINE W LOCK FLNG/FT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4436	PR IRR SUPPLY SLEEV REUS PER MO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4437	PR IRR SUPPLY SLEEV DISP PER MO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4438	ADHESIVE CLIP EXT ENS CONTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
A4450	PR NON-WATERPROOF TAPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4452	PR WATERPROOF TAPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4453	PR REC CATH MAN PUMP ENEMA REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
A4455	PR ADHESIVE REMOVER PER OUNCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4456	PR ADHESIVE REMOVER, WIPES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4457	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4461	PR SURGICL DRESS HOLD NON-REUSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4465	PR NON-ELASTIC EXTREMITY BINDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4467	PR BELT STRAP SLEEV GRMNT COVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4481	PR TRACHEOSTOMA FILTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4483	PR MOISTURE EXCHANGER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4490	PR ABOVE KNEE SURGICAL STOCKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4495	PR THIGH LENGTH SURG STOCKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4500	PR BELOW KNEE SURGICAL STOCKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4510	PR FULL LENGTH SURG STOCKING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4541	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4554	PR DISPOSABLE UNDERPADS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
A4556	PR ELECTRODES, PAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4557	PR LEAD WIRES, PAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4558	PR CONDUCTIVE GEL OR PASTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4560	NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES), DISPOSABLE, REPLACEMENT ONLY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
A4561	PR PESSARY, REUSABLE, RUBBER, ANY TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4562	PR PESSARY, REUSABLE, NON RUBBER, ANY TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4564	PESSARY, DISPOSABLE ANY TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4564	PESSARY, DISPOSABLE ANY TYPE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
A4565	PR SLINGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4566	PR SHOULD SLING/VEST/AB RESTRAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4570	PR SPLINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4595	PR TENS SUPPL 2 LEAD PER MONTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4600	PR SLEEVE, INTER LIMB COMP DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4601	PR LITH ION NON PROSTH RECHARGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4605	PR TRACH SUCTION CATH CLOSE SYS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4606	PR OXYGEN PROBE USED W OXIMETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4611	PR HEAVY DUTY BATTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4612	PR BATTERY CABLES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4613	PR BATTERY CHARGER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4614	PR HAND-HELD PEFR METER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4615	CANNULA NASAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4616	TUBING (OXYGEN) PER FOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4617	MOUTH PIECE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4618	PR BREATHING CIRCUITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4619	PR FACE TENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4620	VARIABLE CONCENTRATION MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4623	PR TRACHEOSTOMY INNER CANNULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4624	PR TRACHEAL SUCTION TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4627	PR SPACER BAG/RESERVOIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4628	PR OROPHARYNGEAL SUCTION CATH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
A4629	PR TRACHEOSTOMY CARE KIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4630	PR REPL BAT T.E.N.S. OWN BY PT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4635	PR UNDERARM CRUTCH PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4636	PR HANDGRIP FOR CANE ETC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4637	PR REPL TIP CANE/CRUTCH/ WALKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4640	PR ALTERNATING PRESSURE PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4649	PR SURGICAL SUPPLIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4651	PR CALIBRATED MICROCAP TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4652	PR MICROCAPILLARY TUBE SEALANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4657	PR SYRINGE W/WO NEEDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4660	PR SPHYG/BP APP W CUFF AND STET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4663	PR DIALYSIS BLOOD PRESSURE CUFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4670	PR AUTOMATIC BP MONITOR, DIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4680	PR ACTIVATED CARBON FILTER, EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4690	PR DIALYZER, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4706	PR BICARBONATE CONC SOL PER GAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4707	PR BICARBONATE CONC POW PER PAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4708	PR ACETATE CONC SOL PER GALLON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4709	PR ACID CONC SOL PER GALLON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4714	PR TREATED WATER PER GALLON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4719	PR Y SET TUBING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4720	PR DIALYSAT SOL FLD VOL > 249CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4721	PR DIALYSAT SOL FLD VOL > 999CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4722	PR DIALYS SOL FLD VOL > 1999CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4723	PR DIALYS SOL FLD VOL > 2999CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4724	PR DIALYS SOL FLD VOL > 3999CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4725	PR DIALYS SOL FLD VOL > 4999CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4726	PR DIALYS SOL FLD VOL > 5999CC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4730	PR FISTULA CANNULATION SET, EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4736	PR TOPICAL ANESTHETIC, PER GRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4737	PR INJ ANESTHETIC PER 10 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4740	PR SHUNT ACCESSORY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4750	PR ART OR VENOUS BLOOD TUBING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4755	PR COMB ART/VENOUS BLOOD TUBING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4760	PR DIALYSATE SOL TEST KIT, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4765	PR DIALYSATE CONC POW PER PACK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4766	PR DIALYSATE CONC SOL ADD 10 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4772	PR BLOOD GLUCOSE TEST STRIPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4773	PR OCCULT BLOOD TEST STRIPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4774	PR AMMONIA TEST STRIPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4802	PR PROTAMINE SULFATE PER 50 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4860	PR DISPOSABLE CATHETER TIPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4911	PR DRAIN BAG/BOTTLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A4913	PR MISC DIALYSIS SUPPLIES NOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A4918	PR VENOUS PRESSURE CLAMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4927	PR NON-STERILE GLOVES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4928	PR SURGICAL MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4929	PR TOURNIQUET FOR DIALYSIS, EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4930	PR STERILE, GLOVES PER PAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4931	PR REUSABLE ORAL THERMOMETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A4932	PR REUSABLE RECTAL THERMOMETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5051	PR POUCH CLSD W BARR ATTACHED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5052	PR CLSD OSTOMY POUCH W/O BARR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A5053	PR CLSD OSTOMY POUCH FACEPLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5054	PR CLSD OSTOMY POUCH W/FLANGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5055	PR STOMA CAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5056	PR 1 PC OST POUCH W FILTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5057	PR 1 PC OST POU W BUILT-IN CONV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5061	PR POUCH DRAINABLE W BARRIER AT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5062	PR DRNBLE OSTOMY POUCH W/O BARR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5063	PR DRAIN OSTOMY POUCH W/FLANGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5071	PR URINARY POUCH W/BARRIER	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A5072	PR URINARY POUCH W/O BARRIER	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5073	PR URINARY POUCH ON BARR W/FLNG	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5081	PR CONTINENT STOMA PLUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5082	PR CONTINENT STOMA CATHETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5083	STOMA ABSORPTIVE COVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5093	PR OSTOMY ACCESSORY CONVEX INSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5102	PR BEDSIDE DRAIN BTL W/WO TUBE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A5105	URINARY SUSPENSORY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5112	PR URINARY LEG BAG	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5113	PR LATEX LEG STRAP	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5114	PR FOAM/FABRIC LEG STRAP	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A5120	PR SKIN BARRIER, WIPE OR SWAB	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5121	PR SOLID SKIN BARRIER 6X6	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5122	PR SOLID SKIN BARRIER 8X8	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5126	PR DISK/FOAM PAD +OR- ADHESIVE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A5131	PR APPLIANCE CLEANER	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5200	PR PERCUTANEOUS CATHETER ANCHOR	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A5500	PR DIAB SHOE FOR DENSITY INSERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5501	PR DIABETIC CUSTOM MOLDED SHOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5503	PR DIABETIC SHOE W/ROLLER/ROCKR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5504	PR DIABETIC SHOE WITH WEDGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A5505	PR DIAB SHOE W/METATARSAL BAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5506	PR DIABETIC SHOE W/OFF SET HEEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A5507	PR MODIFICATION DIABETIC SHOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6010	PR COLLAGEN BASED WOUND FILLER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6011	PR COLLAGEN GEL/PASTE WOUND FIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6021	PR COLLAGEN DRESSING <=16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6022	PR COLLAGEN DRSG>6<=48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6023	PR COLLAGEN DRESSING >48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6024	PR COLLAGEN DSG WOUND FILLER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6025	PR SILICONE GEL SHEET, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6154	PR WOUND POUCH EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6196	PR ALGINATE DRESSING <=16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6197	PR ALGINATE DRSG >16 <=48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6198	PR ALGINATE DRESSING > 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6199	PR ALGINATE DRSG WOUND FILLER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6203	PR COMPOSITE DRSG <= 16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6204	PR COMPOSITE DRSG >16<=48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6205	PR COMPOSITE DRSG > 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6206	PR CONTACT LAYER <= 16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6207	PR CONTACT LAYER >16<= 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6208	PR CONTACT LAYER > 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6209	PR FOAM DRSG <=16 SQ IN W/O BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6210	PR FOAM DRG >16<=48 SQ IN W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6211	PR FOAM DRG > 48 SQ IN W/O BRDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6212	PR FOAM DRG <=16 SQ IN W/BORDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6213	PR FOAM DRG >16<=48 SQ IN W/BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6214	PR FOAM DRG > 48 SQ IN W/BORDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6215	PR FOAM DRESSING WOUND FILLER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6216	PR NON-STERILE GAUZE<=16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6217	PR NON-STERILE GAUZE>16<=48 SQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6218	PR NON-STERILE GAUZE > 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6218	PR NON-STERILE GAUZE > 48 SQ IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6219	PR GAUZE <= 16 SQ IN W/BORDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6220	PR GAUZE >16 <=48 SQ IN W/BORDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6221	PR GAUZE > 48 SQ IN W/BORDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6222	PR GAUZE <=16 IN NO W/SAL W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6223	PR GAUZE >16<=48 NO W/SAL W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6224	PR GAUZE > 48 IN NO W/SAL W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6228	PR GAUZE <= 16 SQ IN WATER/SAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6229	PR GAUZE >16<=48 SQ IN WATR/SAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6230	PR GAUZE > 48 SQ IN WATER/SALNE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6231	PR HYDROGEL DSG<=16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6232	PR HYDROGEL DSG>16<=48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6233	PR HYDROGEL DRESSING >48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6234	PR HYDROCOLLD DRG <=16 W/O BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6235	PR HYDROCOLLD DRG >16<=48 W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6236	PR HYDROCOLLD DRG > 48 IN W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6237	PR HYDROCOLLD DRG <=16 IN W/BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6238	PR HYDROCOLLD DRG >16<=48 W/BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6239	PR HYDROCOLLD DRG > 48 IN W/BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6240	PR HYDROCOLLD DRG FILLER PASTE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6241	PR HYDROCOLLOID DRG FILLER DRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6242	PR HYDROGEL DRG <=16 IN W/O BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6243	PR HYDROGEL DRG >16<=48 W/O BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6244	PR HYDROGEL DRG >48 IN W/O BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6245	PR HYDROGEL DRG <= 16 IN W/BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6246	PR HYDROGEL DRG >16<=48 IN W/B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6247	PR HYDROGEL DRG > 48 SQ IN W/B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6248	PR HYDROGEL DRSG GEL FILLER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6250	PR SKIN SEAL PROTECT MOISTURIZR	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
A6251	PR ABSORPT DRG <=16 SQ IN W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6252	PR ABSORPT DRG >16 <=48 W/O BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6253	PR ABSORPT DRG > 48 SQ IN W/O B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6254	PR ABSORPT DRG <=16 SQ IN W/BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6255	PR ABSORPT DRG >16<=48 IN W/BDR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6256	PR ABSORPT DRG > 48 SQ IN W/BDR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6257	PR TRANSPARENT FILM <= 16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6258	PR TRANSPARENT FILM >16<=48 IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6259	PR TRANSPARENT FILM > 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6260	PR WOUND CLEANSER ANY TYPE/SIZE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6261	PR WOUND FILLER GEL/PASTE /OZ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6262	PR WOUND FILLER DRY FORM / GRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6266	PR IMPREG GAUZE NO H20/SAL/YARD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6402	PR STERILE GAUZE <= 16 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6403	PR STERILE GAUZE>16 <= 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6404	PR STERILE GAUZE > 48 SQ IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6407	PR PACKING STRIPS, NON-IMPREG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6410	PR STERILE EYE PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6411	PR NON-STERILE EYE PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6412	PR OCCLUSIVE EYE PATCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6441	PR PAD BAND W>=3 <5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6442	PR CONFORM BAND N/S W<3/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6443	PR CONFORM BAND N/S W>=3<5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6444	PR CONFORM BAND N/S W>=5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6445	PR CONFORM BAND S W <3/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6446	PR CONFORM BAND S W>=3 <5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6447	PR CONFORM BAND S W >=5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6448	PR LT COMPRES BAND <3/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6449	PR LT COMPRES BAND >=3 <5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6450	PR LT COMPRES BAND >=5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6451	PR MOD COMPRES BAND W>=3<5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6452	PR HIGH COMPRES BAND W>=3<5YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6453	PR SELF-ADHER BAND W <3/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6454	PR SELF-ADHER BAND W>=3 <5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6455	PR SELF-ADHER BAND >=5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6456	PR ZINC PASTE BAND W >=3<5/YD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6457	PR TUBULAR DRESSING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6501	PR COMPRES BURNGARMENT BODYSUIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6502	PR COMPRES BURNGARMENT CHINSTRP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6503	PR COMPRES BURNGARMENT FACEHOOD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6504	PR CMPRSBURNG ARMENT GLOVE-WRIST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6505	PR CMPRSBURNG ARMENT GLOVE-ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6506	PR CMPRSBURNG RMNT GLOVE-AXILLA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6507	PR CMPRS BURNGARMEN T FOOT-KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6508	PR CMPRS BURNGARMENT FOOT-THIGH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6509	PR COMPRES BURN GARMENT JACKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6510	PR COMPRES BURN GARMENT LEOTARD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6511	PR COMPRES BURN GARMENT PANTY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6512	PR COMPRES BURN GARMENT, NOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6513	PR COMPRESS BURN MASK FACE/NECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6530	PR COMPRESSION STOCKING BK18-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6531	PR COMPRESSION STOCKING BK30-40	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6532	PR COMPRESSION STOCKING BK40-50	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6533	PR GC STOCKING THIGHLNGTH 18-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6534	PR GC STOCKING THIGHLNGTH 30-40	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6535	PR GC STOCKING THIGHLNGTH 40-50	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6536	PR GC STOCKING FULL LNGTH 18 -30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6537	PR GC STOCKING FULL LNGTH 30 -40	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6538	PR GC STOCKING FULL LNGTH 40 -50	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6539	PR GC STOCKING WAISTLNGTH 18-30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6540	PR GC STOCKING WAISTLNGTH 30-40	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6541	PR GC STOCKING WAISTLNGTH 40-50	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6542	PR GC STOCKING CUSTOM MADE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6543	PR GC STOCKING LYMPHEDEMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6544	PR GC STOCKING GARTER BELT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6545	PR GRAD COM NON-ELASTIC BK SURG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A6549	PR G COMPRESSION STOCKING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A6550	PR NEG PRES WOUND THER DRSG SET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7000	PR DISPOSABLE CANISTER FOR PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7002	PR TUBING USED W SUCTION PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7003	PR NEBULIZER ADMINISTRATION SET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7004	PR DISPOSABLE NEBULIZER SML VOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7005	PR NONDISPOSABLE NEBULIZER SET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7006	PR FILTERED NEBULIZER ADMIN SET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7007	PR LG VOL NEBULIZER DISPOSABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A7009	PR NEBULIZER RESERVOIR BOTTLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7010	PR DISPOSABLE CORRUGATED TUBING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7011	PR NONDISPOS CORRUGATED TUBING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7012	PR NEBULIZER WATER COLLEC DEVIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7013	PR DISPOSABLE COMPRESSOR FILTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7014	PR COMPRESSOR NONDISPOS FILTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7015	PR AEROSOL MASK USED W NEBULIZE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7016	PR NEBULIZER DOME & MOUTHPIECE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7017	PR NEBULIZER NOT USED W OXYGEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7018	PR WATER DISTILLED W/NEBULIZER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A7025	PR REPLACE CHEST COMPRESS VEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7026	PR REPLACE CHST CMPRSS SYS HOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7027	COMBINATION ORAL/NASAL MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7028	REPL ORAL CUSHION COMBO MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7029	REPL NASAL PILLOW COMB MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7030	PR CPAP FULL FACE MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7031	PR REPLACEMENT FACEMASK INTERFA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7032	PR REPLACEMENT NASAL CUSHION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7033	PR REPLACEMENT NASAL PILLOWS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7034	PR NASAL APPLICATION DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A7035	PR POS AIRWAY PRESS HEADGEAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7036	PR POS AIRWAY PRESS CHINSTRAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7037	PR POS AIRWAY PRESSURE TUBING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7038	PR POS AIRWAY PRESSURE FILTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7039	PR FILTER, NON DISPOSABLE W PAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7046	PR REPL WATER CHAMBER, PAP DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7520	PR TRACH/LARYN TUBE NON-CUFFED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7521	PR TRACH/LARYN TUBE CUFFED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A7522	PR TRACH/LARYN TUBE STAINLESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7523	PR TRACHEOSTOMY SHOWER PROTECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7525	PR TRACHEOSTOMY MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A7526	PR TRACHEOSTOMY TUBE COLLAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A8000	PR SOFT PROTECT HELMET PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A8001	PR HARD PROTECT HELMET PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A8002	PR SOFT PROTECT HELMET CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A8003	PR HARD PROTECT HELMET CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A8004	PR REPL SOFT INTERFACE, HELMET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A9150	PR MISC/EXPER NON-PRESCRIPT DRU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9150	PR MISC/EXPER NON-PRESCRIPT DRU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
A9152	PR SINGLE VITAMIN NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9153	PR MULTI-VITAMIN NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9156	ORAL MUCOADHESIVE, ANY TYPE (LIQUID, GEL, PASTE, ETC.), PER 1 ML	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9268	PROGRAMMER FOR TRANSIENT, ORALLY INGESTED CAPSULE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	1/1/2024
A9269	PROGRAMABLE, TRANSIENT, ORALLY INGESTED CAPSULE, FOR USE WITH EXTERNAL PROGRAMMER, PER MONTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THESE PROCEDURE CODES ARE NOT COVERED SERVICES BUT DHP WILL REVIEW REQUESTS FOR THESE PROCEDURE CODES ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	1/1/2024
A9272	PR DISP WOUND SUCT, DRSG/ACCESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A9273	PR HOT/COLD BOTLE/CAP/COL/WRAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9274	EXT AMB INSULIN DELIVERY SYS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR 15 OR LESS PER MONTH. AGE: NO AUTH IS REQUIRED IF LESS THAN 21 YEARS OF AGE.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	1/1/2024
A9274	EXT AMB INSULIN DELIVERY SYS	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH IS REQUIRED IF MORE THAN 15 PER MONTH. AGE: PRIOR AUTH IS REQUIRED IF 21 YEARS OF AGE OR OLDER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	1/1/2024
A9275	PR DISP HOME GLUCOSE MONITOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A9276	DISPOSABLE SENSOR, CGM SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9277	PR EXTERNAL TRANSMITTER, CGM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
A9278	EXTERNAL RECEIVER, CGM SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
A9279	PR MONITORING FEATURE/DEVICENOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
A9284	PR NON-ELECTRONIC SPIROMETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
A9292	PRESCRIPTION DIGITAL VISUAL THERAPY, SOFTWARE-ONLY, FDA CLEARED, PER COURSE OF TREATMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9500	PR TC99M SESTAMIBI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9502	PR TC99M TETROFOSMIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9503	PR TC99M MEDRONATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9504	PR TC99M APCITIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9505	PR TL201 THALLIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9507	PR IN111 CAPROMAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
A9508	PR I131 IODOBENGUATE, DX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9510	PR TC99M DISOFENIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9513	PR LUTETIUM IU 177 DOTATAT THER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
A9542	PR IN111 IBRITUMOMAB, DX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
A9543	PR Y90 IBRITUMOMAB, RX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9563	PR P32 NA PHOSPHATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9564	PR P32 CHROMIC PHOSPHATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9573	INJECTION, GADOPICLENOL, 1 ML	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9589	PR INSTI HEXAMINOLEVULINATE HCL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
A9590	PR IODINE I-131 IOBENGUANE 1MCI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
A9600	PR SR89 STRONTIUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
A9603	INJECTION, PAFOLACIANINE, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9608	FLOTUFOLAST AT F18 DIAG 1 MCI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
A9610	XE129 XENON DIAGNOSTIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
A9697	INJECTION, CARBOXYDEXTRAN-COATED SUPERPARAMAGNETIC IRON OXIDE, PER STUDY DOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
A9699	PR RADIOPHARM RX AGENT NOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
A9700	PR ECHOCARDIOGRAPHY CONTRAST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
A9900	PR SUPPLY/ACCESSORY/SERVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
B4034	ENTER FEED SUPKIT SYR BY DAY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4035	PR ENTERAL FEED SUPP PUMP PER D	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4036	PR ENTERAL FEED SUP KIT GRAV BY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4081	PR ENTERAL NG TUBING W/ STYLET	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4082	PR ENTERAL NG TUBING W/O STYLET	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4083	PR ENTERAL STOMACH TUBE LEVINE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4087	GASTRO/JEJUNO TUBE, STD	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4088	GASTRO/JEJUNO TUBE, LOW-PRO	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4100	PR FOOD THICKENER ORAL	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4103	PR EF PED FLUID AND ELECTROLYTE	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4104	PR ADDITIVE FOR ENTERAL FORMULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
B4105	PR ENZYME CARTRIDGE ENTERAL NUT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
B4148	ENTERAL FEEDING SUPPLY KIT; ELASTOMERIC CONTROL FED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK,CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4149	PR EF BLENDERIZED FOODS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4150	PR EF COMPLET W/INTACT NUTRIENT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4152	PR EF CALORIE DENSE>/=1.5KCAL	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4153	PR EF HYDROLYZED/ AMINO ACIDS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4154	PR EF SPEC METABOLIC NONINHERIT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4155	PR EF INCOMPLETE/MODULAR	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4157	PR EF SPECIAL METABOLIC INHERIT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4158	PR EF PED COMPLETE INTACT NUT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4159	PR EF PED COMPLETE SOY BASED	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4160	PR EF PED CALORIC DENSE >/=0.7KC	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4161	PR EF PED HYDROLYZED/ AMINO ACID	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4162	PR EF PED SPECMETABOLIC INHERIT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4164	PR PARENTERAL 50% DEXTROSE SOLU	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4168	PR PARENTERAL SOL AMINO ACID 3.	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4172	PR PARENTERAL SOL AMINO ACID 5.	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4176	PR PARENTERAL SOL AMINO ACID 7-	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4178	PR PARENTERAL SOL AMINO ACID >	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4180	PR PARENTERAL SOL CARB > 50%	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4185	PR PN SOLN NOS 10 GRAMS LIPIDS	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4187	PR OMEGAVEN, 10 GRAMS LIPIDS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
B4189	PR PARENTERAL SOL AMINO ACID &	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4193	PR PARENTERAL SOL 52-73 GM PROT	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4197	PR PARENTERAL SOL 74-100 GM PRO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
B4199	PR PARENTERAL SOL > 100GM PROTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
B4216	PR PARENTERAL NUTRITION ADDITIV	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B4220	PR PARENTERAL SUPPLY KIT PREMIX	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4222	PR PARENTERAL SUPPLY KIT HOMEMI	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B4224	PR PARENTERAL ADMINISTRATION KI	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B5000	PR PARENTERAL SOL RENAL-AMIROSY	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B5100	PR PARENTERAL SOL HEPATIC-FREAM	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B5200	PR PARENTERAL SOL HEPATIC FREAM	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B9002	PR ENTERAL INFUSION PUMP W/ ALA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
B9004	PR PARENTERAL INFUS PUMP PORTAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
B9006	PR PARENTERAL INFUS PUMP STATIO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
B9998	PR ENTERAL SUPP NOT OTHERWISE C	**NO AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
B9999	PR PARENTERAL SUPP NOT OTHRWS C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C1789	PR PROSTHESIS, BREAST, IMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
C1839	PR IRIS PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C1840	PR TELESCOPIC INTRAOCULAR LENS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C1883	PR ADAPT/EXT PACING/NEURO LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
C1897	PR LEAD NEUROSTIM TEST KIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C7556	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH BRONCHIAL ALVEOLAR LAVAGE AND TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2024
C7560	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH REMOVAL OF FOREIGN BODY(S) OR STENT(S) FROM BILIARY/PANCREATIC DUCT(S) AND ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
C7562	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C7563	TRANSLUMINAL BALLOON ANGIOPLASTY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C7564	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C7565	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C9088	PR INSTILL, BUPIVAC AND MELOXIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2023
C9145	INJECTION, APREPITANT, (APONVIE), 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C9174	PR INJ DATOPOTAMAB DERUXTECAN 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
C9174	PR INJ DATOPOTAMAB DERUXTECAN 1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C9175	PR INJECTION TREOSULFAN 50 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
C9250	PR ARTISS FIBRIN SEALANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
C9257	PR BEVACIZUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9360	PR SURGIMEND NEONATAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9360	PR SURGIMEND NEONATAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
C9361	PR NEUROMEND NERVE WRAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
C9361	PR NEUROMEND NERVE WRAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C9362	PR IMPLNTBON VOID FILLER-STRIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9362	PR IMPLNTBON VOID FILLER-STRIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
C9367	PR ENDOFORM DERMAL TEMPLATE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
C9367	PR ENDOFORM DERMAL TEMPLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9460	PR INJECTION CANGRELOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9462	PR INJECTION, DELAFLOXACIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9482	PR SOTALOL HYDROCHLORIDE IV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C9507	FRESH FROZEN PLASMA, HIGH TITER COVID-19 CONVALESCENT, FROZEN WITHIN 8 HOURS OF COLLECTION, EACH UNIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		2/1/2025
C9600	PR PERC DRUG-EL COR STENT SING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C9601	PR PERC DRUG-EL COR STENT BRAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9602	PR PERC D-E COR STENT ATHER S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9603	PR PERC D-E COR STENT ATHER BR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9604	PR PERC D-E COR REVASC T CABG S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9605	PR PERC D-E COR REVASC T CABG B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9606	PR PERC D-E COR REVASC W AMI S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9607	PR PERC D-E COR REVASC CHRO SIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C9608	PR PERC D-E COR REVASC CHRO ADD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9738	PR BLUE LIGHT CYSTO IMAG AGENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9739	PR CYSTOSCOPY PROSTATIC IMP 1-3	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
C9740	PR CYSTO IMPL 4 OR MORE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
C9751	PR MICROWAVE BRONCH, 3D, EBUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9756	PR FLUORESCENCE LYMPH MAP W/ICG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9762	PR CARDIAC MRI SEG DYS STRAIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9763	PR CARDIAC MRI SEG DYS STRESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9772	PR REVASC LITHOTRIP TIBI/PERONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C9773	PR REVASC LITHOTR-STENT TIB/PER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C9774	PR REVASC LITHOTR-ATHER TIB/PER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C9775	PR REVASC LITH-STEN-ATH TIB/PER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
C9776	PR FLUO BILE DUCT IMAGING W/ICG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
C9784	GASTRIC RESTRICTIVE PROCEDURE, ENDOSCOPIC SLEEVE GASTROPLASTY, WITH ESOPHAGOGASTRODUODENOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, INCLUDING ALL SYSTEM AND TISSUE ANCHORING COMPO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C9785	ENDOSCOPIC OUTLET REDUCTION, GASTRIC POUCH APPLICATION, WITH ENDOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, INCLUDING ALL SYSTEM AND TISSUE ANCHORING COMPONENTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025
C9789	INSTILLATION OF ANTI-NEOPLASTIC PHARMACOLOGIC/BIOLOGIC AGENT INTO RENAL PELVIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2024
C9791	MAGNETIC RESONANCE IMAGING WITH INHALED HYPERPOLARIZED XENON-129 CONTRAST AGENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
C9792	BLINDED OR NONBLINDED PROCEDURE FOR SYMPTOMATIC NEW YORK HEART ASSOCIATION (NYHA) CLASS II, III, IVA HEART FAILURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	1/1/2024
E0100	PR CANE ADJUST/FIXED WITH TIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0105	PR CANE ADJUST/FIXED QUAD/3 PRO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0110	PR CRUTCH FOREARM PAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0111	PR CRUTCH FOREARM EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0112	PR CRUTCH UNDERARM PAIR WOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0113	PR CRUTCH UNDERARM EACH WOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0114	PR CRUTCH UNDERARM PAIR NO WOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0116	PR CRUTCH UNDERARM EACH NO WOOD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0117	PR UNDERARM SPRINGASSIST CRUTCH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0118	PR CRUTCH SUBSTITUTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0130	PR WALKER RIGID ADJUST/FIXED HT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0135	PR WALKER FOLDING ADJUST/FIXED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0140	PR WALKER W TRUNK SUPPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0141	PR RIGID WHEELED WALKER ADJ/FIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0143	PR WALKER FOLDING WHEELED W/O S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0144	ENCLOSED WALKER W REAR SEAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0147	PR WALKER VARIABLE WHEEL RESIST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0148	PR HEAVYDUTY WALKER NO WHEELS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0149	PR HEAVY DUTY WHEELED WALKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0152	WALKER, BATTERY POWER WHEELS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0153	PR FOREARM CRUTCH PLATFORM ATTA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0154	PR WALKER PLATFORM ATTACHMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0155	PR WALKER WHEEL ATTACHMENT,PAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0157	PR WALKER CRUTCH ATTACHMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0158	PR WALKER LEG EXTENDERS SET OF4	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0159	PR BRAKE FOR WHEELED WALKER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0160	PR SITZ TYPE BATH OR EQUIPMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0161	PR SITZ BATH/EQUIPMENT W/FAUCET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0162	PR SITZ BATH CHAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0163	PR COMMODE CHAIR WITH FIXED ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0165	PR COMMODE CHAIR WITH DETACHARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0166	PR COMMODE CHAIR MOBILE DETACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0167	PR COMMODE CHAIR PAIL OR PAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0168	PR HEAVYDUTY/WIDE COMMODE CHAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0168	PR HEAVYDUTY/WIDE COMMODE CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0169	DELETED 2272	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0170	PR COMMODE CHAIR ELECTRIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0171	PR COMMODE CHAIR NON-ELECTRIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0172	PR SEAT LIFT MECHANISM TOILET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0175	PR COMMODE CHAIR FOOT REST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0181	PR PRESS PAD ALTERNATING W/ PUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0182	PR REPLACE PUMP, ALT PRESS PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0183	POWERED PRESSURE REDUCING UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0184	PR DRY PRESSURE MATTRESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0185	PR GEL PRESSURE MATTRESS PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0186	PR AIR PRESSURE MATTRESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0186	PR AIR PRESSURE MATTRESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0187	PR WATER PRESSURE MATTRESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0188	PR SYNTHETIC SHEEPSKIN PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0189	PR LAMBSWOOL SHEEPSKIN PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0190	PR POSITIONING CUSHION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E0191	PR PROTECTOR HEEL OR ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0193	PR POWERED AIR FLOTATION BED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0194	PR AIR FLUIDIZED BED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0196	PR GEL PRESSURE MATTRESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0197	PR AIR PRESSURE PAD FOR MATTRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0198	PR WATER PRESSURE PAD FOR MATTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0199	PR DRY PRESSURE PAD FOR MATTRES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0202	PR PHOTOTHERAPY LIGHT W/ PHOTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0210	PR ELECTRIC HEAT PAD STANDARD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0217	PR WATER CIRC HEAT PAD W PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0218	PR FLUID CIRC COLD PAD W PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0225	PR HYDROCOLLATOR UNIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0235	PR PARAFFIN BATH UNIT PORTABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0236	PR PUMP FOR WATER CIRCULATING P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0240	PR BATH/SHOWER CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0243	PR TOILET RAIL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0244	PR TOILET SEAT RAISED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0245	PR TUB STOOL OR BENCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0246	PR TRANSFER TUB RAIL ATTACHMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0247	PR TRANS BENCH W/WO COMM OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0248	PR HDTRANS BENCH W/WO COMM OPEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0250	PR HOSP BED FIXED HT W/ MATTRES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0255	PR HOSPITAL BED VAR HT W/ MATTR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0260	PR HOSP BED SEMI-ELECTR W/ MATT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0265	PR HOSP BED TOTAL ELECTR W/ MAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0271	PR MATTRESS INNERSPRING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0275	PR BED PAN STANDARD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0276	PR BED PAN FRACTURE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0277	PR POWERED PRES-REDU AIR MATTRS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0280	PR BED CRADLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0300	PR ENCLOSED PED CRIB HOSP GRADE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0303	PR HOSP BED HVY DTY XTRA WIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0304	PR HOSP BED XTRA HVY DTY X WIDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0305	PR RAILS BED SIDE HALF LENGTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0310	PR RAILS BED SIDE FULL LENGTH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0315	PR BED ACCESSORY BRD/TBL/SUPP RT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0316	PR BED SAFETY ENCLOSURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0325	PR URINAL MALE JUG-TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0326	PR URINAL FEMALE JUG-TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0328	PR PED HOSPITAL BED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0329	PR PED HOSPITAL BED SEMI/ELECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0350	PR CONTROL UNIT BOWEL SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0352	PR DISPOSABLE PACK W/BOWEL SYST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0370	PR AIR ELEVATOR FOR HEEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0371	PR NONPOWER MATTRESS OVERLAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0372	PR POWERED AIR MATTRESS OVERLAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0373	PR NONPOWERED PRESSURE MATTRESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0424	PR STATIONARY COMPRESSED GAS 02	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0431	PR PORTABLE GASEOUS 02	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0433	PR PORTABLE LIQUID OXYGEN SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0434	PR PORTABLE LIQUID 02	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0439	PR STATIONARY LIQUID 02	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0441	PR OXYGEN CONTENTS, GASEOUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0442	PR OXYGEN CONTENTS, LIQUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0443	PR PORTABLE 02 CONTENTS, GAS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0444	PR PORTABLE 02 CONTENTS, LIQUID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0445	PR OXIMETER NON-INVASIVE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR REQUESTS OF 1 IN 6 MONTHS. DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: Z99.81 AGE: NO AUTH REQUIRED IF 20 YEARS OF AGE AND YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0445	PR OXIMETER NON-INVASIVE	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH IS REQUIRED IF REQUEST IS FOR MORE THAN 1 IN 6 MONTHS. DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z99.81 AGE: PRIOR AUTH IS REQUIRED IF MORE THAN 20 YEARS OF AGE. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2025
E0447	PR PORT O2 CONT, LIQ OVER 4 LPM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0457	PR CHEST SHELL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E0459	PR CHEST WRAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0465	PR HOME VENT INVASIVE INTERFACE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Backup Ventilator): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Backup-Ventilator.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
E0466	PR HOME VENT NON-INVASIVE INTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Backup Ventilator): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Backup-Ventilator.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
E0467	PR HOME VENT MULTI-FUNCTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Backup Ventilator): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Backup-Ventilator.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0468	HOME VENT DUAL FNCT INCL ALL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
E0470	PR RAD W/O BACKUP NON-INV INTFC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0471	PR RAD W/BACKUP NON INV INTRFC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0472	PR RAD W BACKUP INVASIVE INTRFC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0480	PR PERCUSSOR ELECT/PNEUM HOME M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0482	PR COUGH STIMULATING DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0483	PR HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, WITH FULL ANTERIOR AND/OR POSTERIOR THORACIC REGION RECEIVING SIMULTANEOUS EXTERNAL OSCILLATION, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0490	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	4/1/2025
E0491	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	4/1/2025
E0500	PR IPPB ALL TYPES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0530	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0550	PR HUMIDIF EXTENS SUPPLE W IPPB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0561	PR HUMIDIFIER NONHEATED W PAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0562	PR HUMIDIFIER HEATED USED W PAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0565	PR COMPRESSOR AIR POWER SOURCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0570	PR NEBULIZER WITH COMPRESSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0574	PR ULTRASONIC GENERATOR W SVNEB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0575	PR NEBULIZER ULTRASONIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0580	PR NEBULIZER FOR USE W/ REGULAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0585	PR NEBULIZER W/ COMPRESSOR & HE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0600	PR SUCTION PUMP PORTAB HOM MODL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0601	PR CONT AIRWAY PRESSURE DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0602	PR MANUAL BREAST PUMP	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR 1 PER PREGNANCY OR 1 EVERY 3 YEARS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
E0602	PR MANUAL BREAST PUMP	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH IS REQUIRED IF MORE THAN 1 PER PREGNANCY OR MORE THAN 1 EVERY 3 YEARS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
E0603	PR ELECTRIC BREAST PUMP	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH IS REQUIRED IF MORE THAN 1 PER PREGNANCY OR MORE THAN 1 EVERY 3 YEARS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0603	PR ELECTRIC BREAST PUMP	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR 1 PER PREGNANCY OR 1 EVERY 3 YEARS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
E0604	HOSP GRADE ELEC BREAST PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/10/2021
E0606	PR DRAINAGE BOARD POSTURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0610	PR PACEMAKER MONITR AUDIBLE/VIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0615	PR PACEMAKER MONITR DIGITAL/VIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0616	PR CARDIAC EVENT RECORDER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0617	PR AUTOMATIC EXT DEFIBRILLATOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0618	PR APNEA MONITOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0619	PR APNEA MONITOR W RECORDER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0621	PR PATIENT LIFT SLING OR SEAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0625	PR PATIENT LIFT BATHROOM OR TOI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0627	PR SEAT LIFT INCORP LIFT-CHAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0628	PR SEAT LIFT FOR PT FURN-ELECTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0629	PR SEAT LIFT FOR PT FURN-NON-EL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0630	PATIENT LIFT HYDRAULIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0635	PR PATIENT LIFT ELECTRIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0637	PR COMBINATION SIT TO STAND SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0638	PR STANDING FRAME SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0640	PR FIXED PATIENT LIFT SYSTEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E0641	PR MULTI-POSITION STND FRAM SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0642	PR DYNAMIC STANDING FRAME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0650	PR PNEUMA COMPRESOR NON-SEGMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0651	PR PNEUM COMPRESSOR SEGMENTAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0652	PR PNEUM COMPRES W/CAL PRESSURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0655	PR PNEUMATIC APPLIANCE HALF ARM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0660	PR PNEUMATIC APPLIANCE FULL LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0665	PR PNEUMATIC APPLIANCE FULL ARM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0666	PR PNEUMATIC APPLIANCE HALF LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0667	PR SEG PNEUMATIC APPL FULL LEG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0668	PR SEG PNEUMATIC APPL FULL ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0669	PR SEG PNEUMATIC APPLI HALF LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0670	PR SEG PNEUM INT LEGS/TRUNK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0671	PR PRESSURE PNEUM APPL FULL LEG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0672	PR PRESSURE PNEUM APPL FULL ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0673	PR PRESSURE PNEUM APPL HALF LEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0676	PR INTER LIMB COMPRESS DEV NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0683	NON-PNEUMATIC, NON-SEQUENTIAL, PERISTALTIC WAVE COMPRESSION PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0700	PR SAFETY EQUIPMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0701	PR HELMET W FACE GUARD PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0705	TRANSFER DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0710	PR RESTRAINTS ANY TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0711	UPPER EXTREMITY MEDICAL TUBING/LINES ENCLOSURE OR COVERING DEVICE, RESTRICTS ELBOW RANGE OF MOTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0715	INTRAVAGINAL DEVICE INTENDED TO STRENGTHEN PELVIC FLOOR MUSCLES DURING KEGEL EXERCISES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0716	SUPPLIES AND ACCESSORIES FOR INTRAVAGINAL DEVICE INTENDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0720	PR TENS TWO LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0721	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR NERVES IN THE AURICULAR REGION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0730	PR TENS FOUR LEAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0731	PR CONDUCTIVE GARMENT FOR TENS/	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0733	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
E0736	TRANSCUT TIBIAL NERV STIMULA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0736	TRANSCUT TIBIAL NERV STIMULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
E0740	PR NON-IMPLANT PELV FLR E-STIM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0745	PR NEUROMUSCULAR STIM FOR SHOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0747	PR ELEC OSTEOGEN STIM NOT SPINE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0748	PR ELEC OSTEOGEN STIM SPINAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0760	PR OSTEOGEN ULTRASOUND STIMLTOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0762	PR TRANS ELEC JT STIM DEV SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0764	PR FUNCTIONAL NEUROMUSCULARSTIM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0776	PR IV POLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0779	PR AMB INFUSION PUMP MECHANICAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0780	PR MECH AMB INFUSION PUMP <8HRS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0781	PR EXTERNAL AMBULATORY INFUS PU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0782	PR NON-PROGRAMBLE INFUSION PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0783	PR PROGRAMMABLE INFUSION PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0784	PR EXT AMB INFUSN PUMP INSULIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
E0786	PR IMPLANTABLE PUMP REPLACEMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0787	PR CGS DOSE ADJ INSULIN INF PMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0791	PR PARENTERAL INFUSION PUMP STA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0840	PR TRACT FRAME ATTACH HEADBOARD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0850	PR TRACTION STAND FREE STANDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0855	PR CERVICAL TRACTION EQUIPMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0856	PR CERVIC COLLAR W AIR BLADDERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0860	PR TRACT EQUIP CERVICAL TRACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0880	PR TRAC STAND FREE STAND EXTREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0900	PR TRAC STAND FREE STAND PELVIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0910	PR TRAPEZE BAR ATTACHED TO BED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0911	PR HD TRAPEZE BAR ATTACH TO BED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0912	PR HD TRAPEZE BAR FREE STANDING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E0920	PR FRACTURE FRAME ATTACHED TO B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0930	PR FRACTURE FRAME FREE STANDING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0935	PR CONT PAS MOTION EXERCISE DEV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0940	PR TRAPEZE BAR FREE STANDING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0941	PR GRAVITY ASSISTED TRACTION DE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0942	PR CERVICAL HEAD HARNESS/HALTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0944	PR PELVIC BELT/HARNESS/BOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E0945	PR BELT/HARNESS EXTREMITY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0946	PR FRACTURE FRAME DUAL W CROSS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E0950	PR TRAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0951	PR LOOP HEEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0952	PR TOE LOOP/HOLDER, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0953	PR W/C LATERAL THIGH/KNEE SUP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0954	PR FOOT BOX, ANY TYPE EACH FOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0955	PR CUSHIONED HEADREST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0956	PR W/C LATERAL TRUNK/HIP SUPPOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0957	PR W/C MEDIAL THIGH SUPPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0958	PR WHLCHR ATT- CONV 1 ARM DRIVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E0959	PR AMPUTEE ADAPTER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0960	PR W/C SHOULDER HARNESS/STRAPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0961	PR WHEELCHAIR BRAKE EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0967	PR MANUAL WC HAND RIM W PROJECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0969	PR WHEELCHAIR NARROWING DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0970	PR WHEELCHAIR NO. 2 FOOTPLATES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0971	PR WHEELCHAIR ANTI-TIPPING DEVI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0973	PR W/CH ACCESS DET ADJ ARMREST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0974	PR W/CH ACCESS ANTI-ROLLBACK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0978	PR W/C ACC,SAF BELT PELV STRAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0980	PR WHEELCHAIR SAFETY VEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0981	PR SEAT UPHOLSTERY, REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0982	PR BACK UPHOLSTERY, REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E0986	PR MAN W/C PUSH-RIM POW ASSIST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E0990	PR WHELLCHAIR ELEVATING LEG RES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0992	PR WHEELCHAIR SOLID SEAT INSERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0994	PR WHEELCHAIR ARM REST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E0995	PR WHEELCHAIR CALF REST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E1002	PR PWR SEAT TILT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1003	PR PWR SEAT RECLINE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1004	PR PWR SEAT RECLINE MECH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1005	PR PWR SEAT RECLINE PWR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1006	PR PWR SEAT COMBO W/O SHEAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1007	PR PWR SEAT COMBO W/SHEAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1008	PR PWR SEAT COMBO PWR SHEAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1009	PR ADD MECH LEG ELEVATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1010	PR ADD PWR LEG ELEVATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1011	PR PED WC MODIFY WIDTH ADJUSTM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1012	PR CTR MOUNT PWR ELEV LEG REST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1013	DELETED 2304	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1014	PR RECLINING BACK ADD PED W/C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1015	PR SHOCK ABSORBER FOR MAN W/C	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E1016	PR SHOCK ABSORBER FOR POWER W/C	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1017	PR HD SHCK ABSRBR FOR HD MAN WC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1018	PR HD SHCK ABSRBER FOR HD POWWC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1020	PR RESIDUAL LIMB SUPPORT SYSTEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E1028	PR W/C MANUAL SWINGAWAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E1029	PR W/C VENT TRAY FIXED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1031	PR ROLLABOUT CHAIR WITH CASTERS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1035	PR PATIENT TRANSFER SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1050	PR WHELCHR FXD FULL LENGTH ARMS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1060	PR WHEELCHAIR DETACHABLE ARMS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1070	PR WHEELCHAIR DETACHABLE FOOT R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1083	PR HEMI-WHEELCHAIR FIXED ARMS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1084	PR HEMI-WHEELCHAIR DETACHABLE A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1085	PR HEMI-WHEELCHAIR FIXED ARMS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1086	PR HEMI-WHEELCHAIR DETACHABLE A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1087	PR WHEELCHAIR LIGHTWT FIXED ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1088	PR WHEELCHAIR LIGHTWEIGHT DET A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1089	PR WHEELCHAIR LIGHTWT FIXED ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1090	PR WHEELCHAIR LIGHTWEIGHT DET A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1092	PR WHEELCHAIR WIDE W/ LEG RESTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1093	PR WHEELCHAIR WIDE W/ FOOT REST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1100	PR WHCHR S-RECL FXD ARM LEG RES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1110	PR WHEELCHAIR SEMI-RECL DETACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1130	PR WHLCHR STAND FXD ARM FT REST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1140	PR WHEELCHAIR STANDARD DETACH A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1150	PR WHEELCHAIR STANDARD W/ LEG R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1160	PR WHEELCHAIR FIXED ARMS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1161	PR MANUAL ADULT WC W TILTINSPAC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1170	PR WHLCHR AMPU FXD ARM LEG REST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1171	PR WHEELCHAIR AMPUTEE W/O LEG R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1172	PR WHEELCHAIR AMPUTEE DETACH AR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1180	PR WHEELCHAIR AMPUTEE W/ FOOT R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1190	PR WHEELCHAIR AMPUTEE W/ LEG RE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1195	PR WHEELCHAIR AMPUTEE HEAVY DUT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1200	PR WHEELCHAIR AMPUTEE FIXED ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1210	DELETED 2314	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1211	DELETED 2315	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1212	DELETED 2316	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1213	DELETED 2317	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1220	PR WHLCHR SPECIAL SIZE/CONSTRC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1225	PR MANUAL SEMI-RECLINING BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1226	PR MANUAL FULLY RECLINING BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1229	PR PEDIATRIC WHEELCHAIR NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1230	PR POWER OPERATED VEHICLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1231	PR RIGID PED W/C TILT-IN-SPACE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1232	PR FOLDING PED WC TILT-IN-SPACE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1233	PR RIG PED WC TLTNSPC W/O SEAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1234	PR FLD PED WC TLTNSPC W/O SEAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1235	PR RIGID PED WC ADJUSTABLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1236	PR FOLDING PED WC ADJUSTABLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1237	PR RGD PED WC ADJSTABL W/O SEAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1238	PR FLD PED WC ADJSTABL W/O SEAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1239	PR PED POWER WHEELCHAIR NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1240	PR WHCHR LITWT DET ARM LEG REST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1250	PR WHEELCHAIR LIGHTWT FIXED ARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1260	PR WHEELCHAIR LIGHTWT FOOT REST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1270	PR WHEELCHAIR LIGHTWEIGHT LEG R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1280	PR WHCHR H-DUTY DET ARM LEG RES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1285	PR WHEELCHAIR HEAVY DUTY FIXED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1290	PR WHEELCHAIR HVY DUTY DETACH A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1295	PR WHEELCHAIR HEAVY DUTY FIXED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E1296	PR WHEELCHAIR SPECIAL SEAT HEIG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1297	PR WHEELCHAIR SPECIAL SEAT DEPT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1298	PR WHEELCHAIR SPEC SEAT DEPTH/W	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E1300	PR WHIRLPOOL PORTABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1310	PR WHIRLPOOL NON-PORTABLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1353	PR OXYGEN SUPPLIES REGULATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E1355	PR OXYGEN SUPPLIES STAND/RACK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E1372	PR OXY SUPPL HEATER FOR NEBULIZ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E1390	PR OXYGEN CONCENTRATOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1399	PR DURABLE MEDICAL EQUIPMENT MI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (SPECIALTY HOSPITAL BEDS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/SPECIALTY-HOSPITAL-BEDS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1510	PR KIDNEY DIALYSATE DELIVRY SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1520	PR HEPARIN INFUSION PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1530	PR REPLACEMENT AIR BUBBLE DETEC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1540	PR REPLACEMENT PRESSURE ALARM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1550	PR BATH CONDUCTIVITY METER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1560	PR REPLACE BLOOD LEAK DETECTOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1570	PR ADJUSTABLE CHAIR FOR ESRD PT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1575	PR TRANSDUCER PROTECT/FLD BAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1580	PR UNIPUNCTURE CONTROL SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1590	PR HEMODIALYSIS MACHINE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1592	PR AUTO INTERM PERITONEAL DIALY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1594	PR CYCLER DIALYSIS MACHINE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1600	PR DELI/INSTALL CHG HEMO EQUIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1620	PR REPLACEMENT BLOOD PUMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1629	PR TABLO FOR DIALYSIS SERVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
E1630	PR RECIPROCATING PERITONEAL DIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1632	PR WEARABLE ARTIFICIAL KIDNEY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1635	PR COMPACT TRAVEL HEMODIALYZER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1637	PR HEMOSTATS FOR DIALYSIS, EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1639	PR SCALE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1699	PR DIALYSIS EQUIPMENT NOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1700	PR JAW MOTION REHAB SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1701	PR REPL CUSHIONS FOR JAW MOTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1702	PR REPL MEASR SCALES JAW MOTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1800	PR ADJUST ELBOW EXT/FLEX DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1801	SPS ELBOW DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1802	PR ADJST FOREARM PRO/SUP DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1803	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1804	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1805	PR ADJUST WRIST EXT/FLEX DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1806	SPS WRIST DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1807	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E1808	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E1810	PR ADJUST KNEE EXT/FLEX DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1811	SPS KNEE DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1812	PR KNEE EXT/FLEX W ACT RES CTRL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1813	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E1814	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E1815	PR ADJUST ANKLE EXT/FLEX DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1816	SPS ANKLE DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1818	SPS FOREARM DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1820	PR SOFT INTERFACE MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1821	PR REPLACEMENT INTERFACE SPSD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1822	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E1823	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1825	PR ADJUST FINGER EXT/FLEX DEVC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1826	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1827	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1828	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1829	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1830	PR ADJUST TOE EXT/FLEX DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E1831	PR STATIC STR TOE DEV EXT/FLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E1840	PR ADJ SHOULDER EXT/FLEX DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E1841	STATIC STR SHLDR DEV ROM ADJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
E2100	PR BLD GLUCOSE MONITOR W VOICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E2101	PR BLD GLUCOSE MONITOR W LANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
E2102	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR OR RECEIVER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023
E2103	PR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2201	PR MAN W/CH ACC SEAT W>=20<24	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2202	PR SEAT WIDTH 24-27 IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2203	PR FRAME DEPTH LESS THAN 22 IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2204	PR FRAME DEPTH 22 TO 25 IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2205	PR MANUAL WC ACCESSORY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2206	PR MAN WC WHL LOCK COMP REPL EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2207	PR CRUTCH AND CANE HOLDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2208	PR CYLINDER TANK CARRIER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2209	PR ARM TROUGH EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2210	PR WHEELCHAIR BEARINGS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2211	PR PNEUMATIC PROPULSION TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2212	PR PNEUMATIC PROP TIRE TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2213	PR PNEUMATIC PROP TIRE INSERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2214	PR PNEUMATIC CASTER TIRE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2215	PR PNEUMATIC CASTER TIRE TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2216	PR FOAM FILLED PROPULSION TIRE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2217	PR FOAM FILLED CASTER TIRE EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2218	PR FOAM PROPULSION TIRE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2219	PR FOAM CASTER TIRE ANY SIZE EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2220	PR SOLID PROPULSION TIRE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2221	PR SOLID CASTER TIRE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2222	PR SOLID CASTER INTEGRATED WHL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2223	PR VALVE REPLACEMENT ONLY EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2224	PR PROPULSION WHL EXCLUDES TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2225	PR CASTER WHEEL EXCLUDES TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2226	PR CASTER FORK REPLACEMENT ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2227	GEAR REDUCTION DRIVE WHEEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2228	MWC ACC, WHEELCHAIR BRAKE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2291	PR PLANAR BACK FOR PED SIZE WC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2292	PR PLANAR SEAT FOR PED SIZE WC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2293	PR CONTOUR BACK FOR PED SIZE WC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2294	PR CONTOUR SEAT FOR PED SIZE WC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2298	PWR SEAT ELEV SYS FOR CRT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2310	PR ELECTRO CONNECT BTW CONTROL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2311	PR ELECTRO CONNECT BTW 2 SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2312	MINI-PROP REMOTE JOYSTICK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2313	PWC HARNESS, EXPAND CONTROL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2321	PR HAND INTERFACE JOYSTICK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2323	PR SPECIAL JOYSTICK HANDLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2324	PR CHIN CUP INTERFACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2325	PR SIP AND PUFF INTERFACE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2326	PR BREATH TUBE KIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2327	PR HEAD CONTROL INTERFACE MECH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2328	PR HEAD/EXTREMITY CONTROL INTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2329	PR HEAD CONTROL NONPROPORTIONAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2330	PR HEAD CONTROL PROXIMITY SWITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2340	PR W/C WDTH 20-23 IN SEAT FRAME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2341	PR W/C WDTH 24-27 IN SEAT FRAME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2342	PR W/C DPTH 20-21 IN SEAT FRAME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2343	PR W/C DPTH 22-25 IN SEAT FRAME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2351	PR ELECTRONIC SGD INTERFACE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2359	PR GR34 SEALED LEADACID BATTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2361	PR 22NF SEALED LEADACID BATTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2363	PR GR24 SEALED LEADACID BATTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2366	PR BATTERY CHARGER, SINGLE MODE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2368	PR PWR WC DRIVEWHEEL MOTOR REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2369	PR PWR WC DRIVEWHEEL GEAR REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2370	PR PWR WC DR WH MOTOR/GEAR COMB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2371	PR GR27 SEALED LEADACID BATTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2373	HAND/CHIN CTRL SPEC JOYSTICK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2374	PR HAND/CHIN CTRL STD JOYSTICK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2375	PR NON-EXPANDABLE CONTROLLER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2376	PR EXPANDABLE CONTROLLER, REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2377	PR EXPANDABLE CONTROLLER, INITL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2378	PR PW ACTUATOR REPLACEMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2381	PR PNEUM DRIVE WHEEL TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2382	PR TUBE, PNEUM WHEEL DRIVE TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2383	PR INSERT, PNEUM WHEEL DRIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2384	PR PNEUMATIC CASTER TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2385	PR TUBE, PNEUMATIC CASTER TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2386	PR FOAM FILLED DRIVE WHEEL TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2387	PR FOAM FILLED CASTER TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2388	PR FOAM DRIVE WHEEL TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2389	PR FOAM CASTER TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2390	PR SOLID DRIVE WHEEL TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2391	PR SOLID CASTER TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2392	PR SOLID CASTER TIRE, INTEGRATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2394	PR DRIVE WHEEL EXCLUDES TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2395	PR CASTER WHEEL EXCLUDES TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2396	PR CASTER FORK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2398	PR WC DYNAMIC POS BACK HARDWARE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
E2402	PR NEG PRESS WOUND THERAPY PUMP	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
E2500	PR SGD DIGITIZED PRE-REC <=8MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2502	PR SGD PREREC MSG >8MIN <=20MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E2504	PR SGD PREREC MSG>20MIN <=40MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2506	PR SGD PREREC MSG > 40 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E2508	PR SGD SPELLING PHYS CONTACT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2510	PR SGD W MULTI METHODS MSG/ACCS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E2511	PR SGD SFTWRE PRGRM FOR PC/PDA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2512	PR SGD ACCESSORY, MOUNTING SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E2599	PR SGD ACCESSORY NOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
E2601	PR GEN W/C CUSHION WDTH < 22 IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2602	PR GEN W/C CUSHION WDTH >=22 IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2603	PR SKIN PROTECT WC CUS WD <22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2604	PR SKIN PROTECT WC CUS WD>=22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2605	PR POSITION WC CUSH WDTH <22 IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2606	PR POSITION WC CUSH WDTH>=22 IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2607	PR SKIN PRO/POS WC CUS WD <22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2608	PR SKIN PRO/POS WC CUS WD>=22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2609	PR CUSTOM FABRICATE W/C CUSHION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2611	PR GEN USE BACK CUSH WDTH <22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2612	PR GEN USE BACK CUSH WDTH>=22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2613	PR POSITION BACK CUSH WD <22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2614	PR POSITION BACK CUSH WD>=22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2615	PR POS BACK POST/LAT WDTH <22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2616	PR POS BACK POST/LAT WDTH>=22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2617	PR CUSTOM FAB W/C BACK CUSHION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2619	PR REPLACE COVER W/C SEAT CUSH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2620	PR WC PLANAR BACK CUSH WD <22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2621	PR WC PLANAR BACK CUSH WD>=22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2622	PR ADJ SKIN PRO W/C CUS WD<22IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2623	PR ADJ SKIN PRO WC CUS WD>=22IN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2624	PR ADJ SKIN PRO/POS CUS<22IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2625	PR ADJ SKIN PRO/POS WC CUS>=22	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2626	PR SEO MOBILE ARM SUP ATT TO WC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2627	PR ARM SUPP ATT TO WC RANCHO TY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2628	PR MOBILE ARM SUPPORTS RECLININ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
E2629	PR FRICTION DAMPENING ARM SUPP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2630	PR MONOSUSPENSION ARM/HAND SUPP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
E2631	PR ELEVAT PROXIMAL ARM SUPPORT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2632	PR OFFSET/LAT ROCKER ARM W/ELA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E2633	PR MOBILE ARM SUPPORT SUPINATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
E8001	PR UPRIGHT GAIT TRAINER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
G0011	HIV PREP COUNSEL, MD 15-30M	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0012	INJECTION OF HIV PREP DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
G0013	HIV PREP COUNSEL, CLIN STAFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2024
G0102	PR PROSTATE CA SCREENING; DRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0104	PR CA SCREEN;FLEXI SIGMOIDSCOPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
G0105	PR COLORECTAL SCRN; HI RISK IND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0108	PR DIAB MANAGE TRN PER INDIV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2021
G0109	PR DIAB MANAGE TRN IND/GROUP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2021
G0117	PR GLAUCOMA SCRN HGH RISK DIREC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2021
G0118	PR GLAUCOMA SCRN HGH RISK DIREC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2021
G0121	PR COLON CA SCRN NOT HI RSK IND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0127	PR TRIM NAIL (S)	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A PODIATRIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
G0127	PR TRIM NAIL (S)	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A PODIATRIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
G0130	PR SINGLE ENERGY X-RAY STUDY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0138	IV CIPAGLUCOSIDASE ALFA-ATGA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0156	PR HHCP-SVS OF AIDE,EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
G0162	PR HHC RN E&M PLAN SVS, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0162	PR HHC RN E&M PLAN SVS, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0162	PR HHC RN E&M PLAN SVS, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0162	PR HHC RN E&M PLAN SVS, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0162	PR HHC RN E&M PLAN SVS, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022
G0166	PR EXTRNL COUNTERPULSE, PER TX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0182	PR HOSPICE CARE SUPERVISION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
G0186	PR DSTRY EYE LESN,FDR VSSL TECH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0245	PR INITIAL FOOT EXAM PT LOPS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	6/1/2025
G0246	PR FOLLOWUP EVAL OF FOOT PT LOP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	6/1/2025
G0247	PR ROUTINE FOOTCARE PT W LOPS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0279	PR DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS	**NO AUTHORIZATION REQUIRED** EXCLUSIONS: MOBILE PROVIDERS (R0070-R0076), PORTABLE X-RAY SUPPLIER, RADIOLOGICAL LAB, AND PHYSIOLOGICAL LAB SHOULD PEND, MRI SEDATION NON SPECIALTY(01916-01936), PET SCAN(78459-78707, 78709-78816), SWALLOW STUDIES (92611-92617,74230), SPEECH EVALUATION (70371), VCUG (51600, 51605, 51610, 74455)		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
G0299	PR HHS/HOSPICE OF RN EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0299	PR HHS/HOSPICE OF RN EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
G0300	PR HHS/HOSPICE OF LPN EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0300	PR HHS/HOSPICE OF LPN EA 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
G0306	PR CBC/DIFFWBC W/O PLATELET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0307	PR CBC WITHOUT PLATELET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0315	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR COVID-19, AGES UNDER 21, 5-15 MINS TIME (THIS CODE IS USED FOR THE MEDICAID EARLY AND PERIODIC SCREENI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0328	PR FECAL BLOOD SCRN IMMUNOASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2022
G0330	PR FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE (S) FURNISHED TO PATIENTS WHO REQUIRE MONITORED ANESTHESIA (E.G., GENERAL, INTRAVENOUS SEDATION (MONITORED ANESTHESIA CARE)) AND USE	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: K02.3, K02.51, K02.53, K02.61, K02.63, K02.7, K02.9-K03.9, K04.0 AGE: PRIOR AUTH IS REQUIRED IF 6 YEARS OF AGE OR YOUNGER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
G0330	PR FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE (S) FURNISHED TO PATIENTS WHO REQUIRE MONITORED ANESTHESIA (E.G., GENERAL, INTRAVENOUS SEDATION (MONITORED ANESTHESIA CARE)) AND USE	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: K02.3, K02.51, K02.53, K02.61, K02.63, K02.7, K02.9-K03.9, K04.0 AGE: NO AUTH REQUIRED IF OLDER THAN 6 YEARS. EXCLUSIONS: AUTH REQUIRED FOR CHIP LINE OF BUSINESS	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0337	PR HOSPICE EVALUATION PREELECTI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
G0339	PR ROBOT LIN-RADSURG COM FIRST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0340	PR ROBT LIN-RADSURG FRACTX 2-5	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0398	PR HOME SLEEP TEST/TYPE 2 PORTA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/6/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0399	PR HOME SLEEP TEST/TYPE 3 PORTA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/6/2021
G0400	PR HOME SLEEP TEST/TYPE 4 PORTA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Pediatric Sleep Study): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Pediatric-Sleep-Study.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/6/2021
G0406	PR INPT/TELE FOLLOW UP 15	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0407	PR INPT/TELE FOLLOW UP 25	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0408	PR INPT/TELE FOLLOW UP 35	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0425	PR INPT/ED TELECONSULT 30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0426	PR INPT/ED TELECONSULT 50	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0427	PR INPT/ED TELECONSULT 70	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0429	PR DERMAL FILLER INJECTION(S)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
G0433	PR ELISA HIV-1/HIV-2 SCREEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0459	PR TELEHEALTH INPT PHARM MGMT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0466	PR FQHC VISIT NEW PATIENT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC).		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0466	PR FQHC VISIT NEW PATIENT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC). EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
G0467	PR FQHC VISIT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC). EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
G0467	PR FQHC VISIT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC).		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
G0468	PR FQHC VISIT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC).		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0468	PR FQHC VISIT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC). EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
G0469	PR FQHC VISIT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC). EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
G0469	PR FQHC VISIT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC).		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
G0470	PR FQHC VISIT	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC).		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0470	PR FQHC VISIT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC). EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
G0475	PR HIV COMBINATION ASSAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0480	PR DRUG TEST DEF 1-7 CLASSES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0481	PR DRUG TEST DEF 8-14 CLASSES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0482	PR DRUG TEST DEF 15-21 CLASSES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0483	PR DRUG TEST DEF 22+ CLASSES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0495	PR RN CARE TRAIN/EDU IN HH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0495	PR RN CARE TRAIN/EDU IN HH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022
G0498	PR CHEMO EXTEND IV INFUS W/PUMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0499	PR HEPB SCREEN HIGH RISK INDIV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0511	PR CCM/BHI BY RHC/FQHC 20MIN MO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
G0512	PR COCM BY RHC/FQHC 60 MIN MO	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF ≤6 UNITS IN THE FIRST 6 CALENDAR MONTHS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0512	PR COCM BY RHC/FQHC 60 MIN MO	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH IS REQUIRED IF >6 UNITS IN THE FIRST 6 CALENDAR MONTHS OR FOR ANY QUANTITY AFTER THE FIRST 6 CALENDAR MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
G0516	PR INSERT DRUG DEL IMPLANT, >=4	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0517	PR REMOVE DRUG IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0518	PR REMOVE W INSERT DRUG IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G0532	TAKE-HOME SUPPLY OF NASAL NALMEFENE HYDROCHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
G0533	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
G0534	COORDINATED CARE AND/OR REFERRAL SERVICES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G0535	PATIENT NAVIGATIONAL SERVICES, PROVIDED DIRECTLY OR BY REFERRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
G0536	PEER RECOVERY SUPPORT SERVICES, PROVIDED DIRECTLY OR BY REFERRAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
G0562	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
G0563	STEREOTACTIC BODY RADIATION THERAPY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
G0659	PR DRUG TEST DEF SIMPLE ALL CL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G2011	PR ALCOHOL/SUB ABUSE ASSESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G2022	PR BENEF REFUSES SERVICE, MOD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
G2022	PR BENEF REFUSES SERVICE, MOD	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
G2214	PR INIT/SUB PSYCH CARE M 1ST 30	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
G3002	PR CHRONIC PAIN MANAGEMENT AND TREATMNT REQD FIRST 30 MIN BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G3003	PR EA ADDL 15 MIN OF CHRONIC PAIN MANAGEMENT AND TREATMENT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
G6001	PR ECHO GUIDANCE RADIOTHERAPY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6002	PR STEREOSCOPIC X-RAY GUIDANCE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6003	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6004	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6005	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6006	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6007	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G6008	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6009	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6010	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6011	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6012	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6013	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6014	PR RADIATION TREATMENT DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6015	PR RADIATION TX DELIVERY IMRT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6016	PR DELIVERY COMP IMRT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G6017	PR INTRAFRACTION TRACK MOTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
G8431	CLIN DEPRESSION SCREEN DOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G8510	PR SCR DEP NEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
G9012	PR OTHER SPECIFIED CASE MGMT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	9/1/2022
H0001	PR ALCOHOL AND/OR DRUG ASSESS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
H0004	PR ALCOHOL AND/OR DRUG SERVICES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF 135 UNITS OR LESS OF GROUP COUNSELING OR 26 HOURS OR LESS OF INDIVIDUAL COUNSELING PER YEAR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0004	PR ALCOHOL AND/OR DRUG SERVICES	**AUTHORIZATION REQUIRED** ALERT: AUTH REQUIRED IF OVER 135 UNITS OF GROUP COUNSELING OR OVER 26 HOURS OF INDIVIDUAL COUNSELING PER YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0005	PR ALCOHOL AND/OR DRUG SERVICES	**AUTHORIZATION REQUIRED** ALERT: AUTH REQUIRED IF OVER 135 UNITS OF GROUP COUNSELING OR OVER 26 HOURS OF INDIVIDUAL COUNSELING PER YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0005	PR ALCOHOL AND/OR DRUG SERVICES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF 135 UNITS OR LESS OF GROUP COUNSELING OR 26 HOURS OR LESS OF INDIVIDUAL COUNSELING PER YEAR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0012	PR ALCOHOL AND/OR DRUG SERVICES	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 21 DAYS PER EPISODE, WITH MORE THAN A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR DOES REQUIRE AN AUTH. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0012	PR ALCOHOL AND/OR DRUG SERVICES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 21 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH. ADMISSION AND DISCHARGE NOTIFICATION ARE REQUIRED TO BE GIVEN TO DHP.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0015	PR ALCOHOL AND/OR DRUG SERVICES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR CHIP LINE OF BUSINESS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0015	PR ALCOHOL AND/OR DRUG SERVICES	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 20 YEARS OF AGE OR YOUNGER. EXCLUSIONS: IOP SERVICES ARE NO AUTH REQUIRED FOR PARTICIPATING IN-NETWORK PROVIDERS CONTRACTED WITH DRISCOLL HEALTH PLAN FOR THESE SERVICES.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024
H0015	PR ALCOHOL AND/OR DRUG SERVICES	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 21 YEARS OF AGE OR OLDER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0016	PR ALCOHOL AND/OR DRUG SERVICES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 21 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH. ADMISSION AND DISCHARGE NOTIFICATION ARE REQUIRED TO BE GIVEN TO DHP.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0016	PR ALCOHOL AND/OR DRUG SERVICES	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 21 DAYS PER EPISODE, WITH MORE THAN A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR DOES REQUIRE AN AUTH. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0020	PR ALCOHOL AND/OR DRUG SERVICES	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF 135 UNITS OR LESS OF GROUP COUNSELING OR 26 HOURS OR LESS OF INDIVIDUAL COUNSELING PER YEAR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0020	PR ALCOHOL AND/OR DRUG SERVICES	**AUTHORIZATION REQUIRED** ALERT: AUTH REQUIRED IF OVER 135 UNITS OF GROUP COUNSELING OR OVER 26 HOURS OF INDIVIDUAL COUNSELING PER YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0031	PR MH HEALTH ASSESS BY NON-MD	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 21 DAYS PER EPISODE, WITH MORE THAN A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR DOES REQUIRE AN AUTH. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0031	PR MH HEALTH ASSESS BY NON-MD	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 21 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH. ADMISSION AND DISCHARGE NOTIFICATION ARE REQUIRED TO BE GIVEN TO DHP.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0033	PR ORAL MED ADM DIRECT OBSERVE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF 135 UNITS OR LESS OF GROUP COUNSELING OR 26 HOURS OR LESS OF INDIVIDUAL COUNSELING PER YEAR.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0033	PR ORAL MED ADM DIRECT OBSERVE	**AUTHORIZATION REQUIRED** ALERT: AUTH REQUIRED IF OVER 135 UNITS OF GROUP COUNSELING OR OVER 26 HOURS OF INDIVIDUAL COUNSELING PER YEAR. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0034	PR MED TRNG & SUPPORT PER 15MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0035	PR MH PARTIAL HOSP TX UNDER 24H	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR CHIP LINE OF BUSINESS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024
H0035	PR MH PARTIAL HOSP TX UNDER 24H	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 20 YEARS OF AGE OR YOUNGER. EXCLUSIONS: PHP SERVICES ARE NO AUTH REQUIRED FOR PARTICIPATING IN-NETWORK PROVIDERS CONTRACTED WITH DRISCOLL HEALTH PLAN FOR THESE SERVICES WHEN THE AGE RESTRICTION IS MET.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0035	PR MH PARTIAL HOSP TX UNDER 24H	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 21 YEARS OF AGE OR OLDER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024
H0038	PR SELF-HELP/PEER SVC PER 15MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
H0047	PR ALCOHOL/DRUG ABUSE SVC NOS	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 21 DAYS PER EPISODE, WITH MORE THAN A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR DOES REQUIRE AN AUTH. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0047	PR ALCOHOL/DRUG ABUSE SVC NOS	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 21 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH. ADMISSION AND DISCHARGE NOTIFICATION ARE REQUIRED TO BE GIVEN TO DHP.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H0049	PR ALCOHOL/DRUG SCREENING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
H0050	PR ALCOHOL/DRUG SERVICE 15 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 21 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH. ADMISSION AND DISCHARGE NOTIFICATION ARE REQUIRED TO BE GIVEN TO DHP.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H0050	PR ALCOHOL/DRUG SERVICE 15 MIN	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 21 DAYS PER EPISODE, WITH MORE THAN A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR DOES REQUIRE AN AUTH. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H1010	PR NONMED FAMILY PLANNING ED	**NO AUTHORIZATION REQUIRED** DIAGOSIS CODES: NO AUTH IS REQUIRED IF ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.018, Z30.02, Z30.09, Z30.2, Z30.40-Z30.42, Z30.430-Z30.433, Z30.49, Z30.8, Z30.9, Z98.51, Z98.52		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025
H1010	PR NONMED FAMILY PLANNING ED	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: Z30.011, Z30.018, Z30.02, Z30.09, Z30.2, Z30.40-Z30.42, Z30.430-Z30.433, Z30.49, Z30.8, Z30.9, Z98.51, Z98.52 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	7/1/2025
H1010	PR NONMED FAMILY PLANNING ED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H2011	PR CRISIS INTERVEN SVC, 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
H2012	PR BEHAV HLTH DAY TREAT, PER HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
H2014	PR SKILLS TRAIN AND DEV, 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
H2017	PR PSYSOC REHAB SVC, PER 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023
H2023	PR SUPPORTED EMPLOY, PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H2023	PR SUPPORTED EMPLOY, PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
H2023	PR SUPPORTED EMPLOY, PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H2025	PR SUPP MAINT EMPLOY, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
H2025	PR SUPP MAINT EMPLOY, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H2025	PR SUPP MAINT EMPLOY, 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
H2035	PR A/D TX PROGRAM, PER HOUR	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 35 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
H2035	PR A/D TX PROGRAM, PER HOUR	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 35 DAYS PER EPISODE, MORE THAN 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, OR MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
H2036	PR A/D TX PROGRAM, PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024
H2040	COORDINATED SPECIALTY CARE, TEAM-BASED, FOR FIRST EPISODE PSYCHOSIS, PER MONTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	1/1/2024
H2041	COORDINATED SPECIALTY CARE, TEAM-BASED, FOR FIRST EPISODE PSYCHOSIS, PER ENCOUNTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0121	PR INJ., OMADACYCLINE, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0122	PR INJ., ERAVACYCLINE, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0129	PR ABATACEPT INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0130	PR ABCIXIMAB INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J0131	PR ACETAMINOPHEN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0132	PR ACETYLCYSTEINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0133	PR ACYCLOVIR INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0134	PR INJECTION, ACETAMINOPHEN (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0136	PR INJECTION, ACETAMINOPHEN (B BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0137	INJECTION, ACETAMINOPHEN (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0131, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0138	INJECTION ACETAMINOPH 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0139	INJECTION, ADALIMUMAB, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0165	PR INJECTION EPINEPHRINE NOS 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0168	PR EPINEPHRINE INTL MED NOT EQ J0165	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0171	PR ADRENALIN EPINEPHRINE INJECT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0172	PR INJ, ADUCANUMAB-AVWA, 2 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0174	INJECTION, LECANEMAB-IRMB, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0175	INJ DONANEMAB-AZBT 2 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0177	INJ, AFLIBERCEPT HD, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0178	PR AFLIBERCEPT INJECTION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0179	PR INJ, BROLUCIZUMAB-DBLL, 1 MG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0179	PR INJ, BROLUCIZUMAB-DBLL, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0180	PR AGALSIDASE BETA INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0184	INJECTION, AMISULPRIDE, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0184	INJECTION, AMISULPRIDE, 1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0185	PR INJ., APREPITANT, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
J0202	PR INJECTION ALEMTUZUMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0206	INJECTION, ALLOPURINOL SODIUM, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0208	INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0210	PR METHYLDOPATE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0216	INJECTION, ALFENTANIL HYDROCHLORIDE, 500 MICROGRAMS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J0217	INJ VELMANASE ALFA-TYCV 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0219	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0221	PR LUMIZYME INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0222	PR INJ., PATISIRAN, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0223	PR INJ GIVOSIRAN 0.5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0224	PR INJ. LUMASIRAN, 0.5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0225	PR INJECTION, VUTRISIRAN, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0248	INJECTION, REMDESIVIR, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		3/1/2022
J0256	PR ALPHA 1 PROTEINASE INHIBITOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0257	PR GLASSIA INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0278	PR AMIKACIN SULFATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0280	PR AMINOPHYLLIN 250 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0281	INJECTION, AMINOCAPROIC ACID, 1 GRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0282	PR AMIODARONE HCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0283	PR INJECTION, AMIODARONE HYDROCHLORIDE (NEXTERONE), 30 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0285	PR AMPHOTERICIN B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0287	PR AMPHOTERICIN B LIPID COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0289	PR AMPHOTERICIN B LIPOSOME INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0290	PR AMPICILLIN 500 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0291	PR INJ., PLAZOMICIN, 5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0295	PR AMPICILLIN SULBACTAM 1.5 GM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0300	PR AMOBARBITAL 125 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0330	PR SUCCINYCHOLINE CHLORIDE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0348	PR ANADULAFUNGIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0349	INJECTION, REZAFUNGIN, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J0360	PR HYDRALAZINE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0364	PR APOMORPHINE HYDROCHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0391	INJ, ARTESUNATE, 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0401	PR INJ ARIPIPRAZOLE EXT REL 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0402	INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFII), 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0456	PR AZITHROMYCIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0457	INJECTION, AZTREONAM, 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0461	PR ATROPINE SULFATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0470	PR DIMECAPROL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0475	PR BACLOFEN 10 MG INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0476	PR BACLOFEN INTRATHECAL TRIAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0480	PR BASILIXIMAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0485	PR BELATACEPT INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0490	PR BELIMUMAB INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0500	PR DICYCLOMINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0515	PR INJ BENZTROPINE MESYLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0517	PR INJ., BENRALIZUMAB, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0558	PR PENG BENZATHINE/PROCAINE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0561	PR PENICILLIN G BENZATHINE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0565	PR INJ, BEZLOTOXUMAB, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0567	PR INJ., CERLIPONASE ALFA 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J0577	INJ, BRIXADI, 7 DAYS OR LESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0578	INJ BRIXADI, MORE THAN 7 DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0583	PR BIVALIRUDIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0584	PR INJECTION, BUROSUMAB-TWZA 1M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J0585	PR INJECTION, ONABOTULINUMTOXINA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0586	PR ABOBOTULINUMTOXINA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0587	PR INJ RIMABOTULINUMTOINB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0588	PR INCOBOTULINUMTOXIN A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0589	INJ DAXIBOTULINUMTOXINA-LANM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0592	PR BUPRENORPHINE HYDROCHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0593	PR INJ., LANADELUMAB-FLYO, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0594	PR BUSULFAN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0595	PR BUTORPHANOL TARTRATE 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0596	PR INJECTION RUCONEST	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: D84.1 AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
J0596	PR INJECTION RUCONEST	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: D84.1 AGE: PRIOR AUTH IS REQUIRED IF NOT AN AGE APPROPRIATE MEMBER EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
J0597	PR C-1 ESTERASE, BERINERT	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: D84.1 AGE: NO AUTH IS REQUIRED IF 5 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0597	PR C-1 ESTERASE, BERINERT	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: D84.1 AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 5 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2023
J0598	PR C-1 ESTERASE CINRYZE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0599	PR INJ., HAEGARDA 10 UNITS	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: D84.1 AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0599	PR INJ., HAEGARDA 10 UNITS	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: D84.1 AGE: PRIOR AUTH IS REQUIRED IF NOT AN AGE APPROPRIATE MEMBER EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
J0600	PR EDETATE CALCIUM DISODIUM INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0606	PR INJ, ETELCALCETIDE, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0612	INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIED, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0613	INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), NOT THERAPEUTICALLY EQUIVALENT TO J0612, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0616	PR INJECT METOPROLOL TARTRATE 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0618	PR INJECTION CALCIUM CHLORIDE 2 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0630	PR CALCITONIN SALMON INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0636	PR INJ CALCITRIOL PER 0.1 MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0637	PR CASPOFUNGIN ACETATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0638	PR CANAKINUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0640	PR LEUCOVORIN CALCIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0641	PR INJ LEVOLEUCOVORIN NOS 0.5MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0650	INJ, LEVOTHYROXINE NOS 10MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0651	INJ, LEVOTHYROXINE, FRESKABI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0652	INJ, LEVOTHYROXINE, HIKMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0665	INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0665	INJECTION, BUPIVICAINE, NOT OTHERWISE SPECIFIED, 0.5 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0666	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0670	PR INJ MEPIVACAINE HCL/10 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0687	INJ CEFAZOLIN (WG CRIT CARE)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0688	INJ BUPRENORPH (BRIXADI) 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0689	PR INJECTION, CEFAZOLIN SODIUM (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0690, 500 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0690	PR CEFAZOLIN SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0691	PR INJ LEFAMULIN 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0692	PR CEFEPIME HCL FOR INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0694	PR CEFOXITIN SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0695	PR INJ CEFTOLOZANE TAZOBACTAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0696	PR CEFTRIAXONE SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0697	PR STERILE CEFUROXIME INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0698	PR CEFOTAXIME SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0699	PR INJ, CEFIDEROCOL, 10 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J0699	PR INJ, CEFIDEROCOL, 10 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J0701	PR INJECTION, CEFEPIME HYDROCHLORIDE (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME, 500 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0702	PR BETAMETHASONE ACET&SOD PHOSP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0703	PR INJECTION, CEFEPIME HYDROCHLORIDE (B BRAUN), NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME, 500 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0706	PR CAFFEINE CITRATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0706	PR CAFFEINE CITRATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	
J0712	PR CEFTAROLINE FOSAMIL INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0713	PR INJ CEFTAZIDIME PER 500 MG	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0714	PR CEFTAZIDIME AND AVIBACTAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0716	PR CENTRUROIDES IMMUNE F (AB)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0717	PR CERTOLIZUMAB PEGOL INJ 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0720	PR CHLORAMPHENICOL SODIUM INJEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0725	PR CHORIONIC GONADOTROPIN/1000U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0735	PR CLONIDINE HYDROCHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0736	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0737	INJECTION, CLINDAMYCIN PHOSPHATE (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0736, 300 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0739	INJECTION, CABOTEGRAVIR, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
J0740	PR CIDOFOVIR INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0741	PR INJ, CABOTE RILPIVIR 2MG 3MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 12 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J0741	PR INJ, CABOTE RILPIVIR 2MG 3MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 12 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J0742	PR INJ IMIP 4 CILAS 4 RELEB 2MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0743	PR CILASTATIN SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0744	PR CIPROFLOXACIN IV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0770	PR COLISTIMETHATE SODIUM INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0775	PR COLLAGENASE CLOST HIST INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0780	PR PROCHLORPERAZINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0791	PR INJ CRIZANLIZUMAB-TMCA 5MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0834	PR INJ., COSYNTROPIN, 0.25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0841	PR INJ CROTALIDAE IM F(AB')2 EQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
J0850	PR CYTOMEGALOVIRUS IMM IV /VIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0870	INJECTION, IMETELSTAT, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0872	DAPTOMYCIN (XELLIA) UNREFRIG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0873	INJ CEFAZOLIN SODIUM, HIKMA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J0875	PR INJECTION DALBAVANCIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0877	PR INJECTION, DAPTOMYCIN (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0878	PR DAPTOMYCIN INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0879	INJECTION, DIFELIKEFALIN, 0.1 MICROGRAM, (FOR ESRD ON DIALYSIS)	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: L29.89, N17.0-N17.2, N17.8, N17.9, N18.1, N18.2, N18.30-N18.32, N18.4-N18.6, N18.9, N99.0, T79.5XXA, T79.5XXD, T79.5XXS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2025
J0879	INJECTION, DIFELIKEFALIN, 0.1 MICROGRAM, (FOR ESRD ON DIALYSIS)	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: L29.89, N17.0-N17.2, N17.8, N17.9, N18.1, N18.2, N18.30-N18.32, N18.4-N18.6, N18.9, N99.0, T79.5XXA, T79.5XXD, T79.5XXS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2025
J0881	PR DARBEPOETIN ALFA, NON-ESRD	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: C90.00, C90.01, C90.02, D46.0, D46.1, D46.21, D46.4, D46.A, D46.B, D61.1, D61.2, D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, Z51.11, Z51.12 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0881	PR DARBEPOETIN ALFA, NON-ESRD	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: C90.00, C90.01, C90.02, D46.0, D46.1, D46.21, D46.4, D46.A, D46.B, D61.1, D61.2, D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, Z51.11, Z51.12	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025
J0882	PR DARBEPOETIN ALFA, ESRD USE	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: C90.00, C90.01, C90.02, D46.0, D46.1, D46.21, D46.4, D46.A, D46.B, D61.1, D61.2, D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, Z51.11, Z51.12	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0882	PR DARBEPOETIN ALFA, ESRD USE	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: C90.00, C90.01, C90.02, D46.0, D46.1, D46.21, D46.4, D46.A, D46.B, D61.1, D61.2, D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, Z51.11, Z51.12 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025
J0883	PR ARGATROBAN NONESRD USE 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0885	PR EPOETIN ALFA, NON-ESRD	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: B20, C90.00-C90.02, D46.0, D46.1, D46.21, D46.22, D46.4, D46.9, D46.A-D46.C, D46.Z, D47.1, D47.9, D47.Z9, D61.1-D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, I12.0, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, P61.2	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0885	PR EPOETIN ALFA, NON-ESRD	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: B20, C90.00-C90.02, D46.0, D46.1, D46.21, D46.22, D46.4, D46.9, D46.A-D46.C, D46.Z, D47.1, D47.9, D47.Z9, D61.1-D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, I12.0, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, P61.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025
J0887	PR EPOETIN BETA ESRD USE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0888	PR EPOETIN BETA NON ESRD	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: D63.1, I12.9, I13.0, N18.1-N18.4	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025
J0888	PR EPOETIN BETA NON ESRD	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: D63.1, I12.9, I13.0, N18.1-N18.4 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J0891	PR INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0893	PR INJECTION, DECITABINE (SUN PHARMA) NOT THERAPEUTICALLY EQUIVALENT TO J0894, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0894	PR DECITABINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0895	PR DEFEROXAMINE MESYLATE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J0896	PR INJ LUSPATERCEPT-AAMT 0.25MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J0897	PR DENOSUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J0898	PR INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1000	PR DEPO-ESTRADIOL CYPIONATE INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1010	INJ, METHYLPRED ACETATE 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1050	PR MEDROXYPROGESTERONE ACETATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1050	PR MEDROXYPROGESTERONE ACETATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1071	PR INJ TESTOSTERONE CYPIONATE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1072	INJECTION, TESTOSTERONE CYPIONATE (AZMIRO), 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1095	PR INJECTION, DEXAMETHASONE 9%	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
J1096	DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1100	PR DEXAMETHASONE SODIUM PHOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1105	INJ, DAPTOMYCIN (XELLIA)	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1105	INJ, DAPTOMYCIN (XELLIA)	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1110	PR INJ DIHYDROERGOTAMINE MESYLT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1120	PR ACETAZOLAMID SODIUM INJECTIO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1160	PR DIGOXIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1163	PR INJECTION DILTIAZEM HCL 0.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1165	PR PHENYTOIN SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1171	INJ HYDROMORPHONE 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1190	PR DEXRAZOXANE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1200	PR DIPHENHYDRAMINE HCL INJECTIO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J1201	PR INJ. CETIRIZINE HCL 0.5MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1202	MIGLUSTAT ORAL 65 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1203	INJ, CIPAGLUCOSIDASE, 5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J1205	PR CHLOROTHIAZIDE SODIUM INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1212	PR DIMETHYL SULFOXIDE 50% 50 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1230	PR METHADONE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1240	PR DIMENHYDRINATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1245	PR DIPYRIDAMOLE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1250	PR INJ DOBUTAMINE HCL/250 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1265	PR DOPAMINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1270	PR INJECTION, DOXERCALCIFEROL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1271	INJECTION, DOXYCYCLINE HYCLATE, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1290	PR ECALLANTIDE INJECTION	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: D84.1 AGE: NO AUTH IS REQUIRED IF 12 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1290	PR ECALLANTIDE INJECTION	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: D84.1 AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 12 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2023
J1299	INJECTION, ECULIZUMAB, 2 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1301	PR INJECTION, EDARAVONE, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1302	INJECTION, SUTIMLIMAB-JOME, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1303	PR INJ., RAVULIZUMAB-CWVZ 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1304	INJECTION, TOFERSEN, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1305	PR INJ, EVINACUMAB-DGNB, 5MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1306	INJECTION, INCLISIRAN, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1307	INJECTION, CROVALIMAB-AKKZ, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1308	INJECTION, FAMOTIDINE, 0.25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1322	PR ELOSULFASE ALFA INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1323	INJ, ELRANATAMAB-BCMM, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
J1324	PR ENFUVIRTIDE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1325	PR EPOPROSTENOL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1326	INJECTION, ZOLBETUXIMAB -CLZB, 2 MG	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9 AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1326	INJECTION, ZOLBETUXIMAB -CLZB, 2 MG	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9 AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1327	PR EPTIFIBATIDE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1335	PR ERTAPENEM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1364	PR ERYTHRO LACTOBIONATE /500 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1380	PR ESTRADIOL VALERATE 10 MG INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1410	PR INJ ESTROGEN CONJUGATE 25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J1412	INJ, VALOCTOCOGENE ROXAPARVOVEC-RVOX, PER ML, CONTAINING NOMINAL 2 X 10^13 VECTOR GENOMES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J1413	INJ, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1426	PR INJECTION, CASIMERSEN, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J1427	PR INJ. VILTOLARSEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J1428	PR INJ, ETEPLIRSEN, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J1429	INJ DELANDISTROGENE MOX ROKL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J1434	INJ, FOCINVEZ, 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1437	PR INJ. FE DERISOMALTOSE 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
J1438	PR ETANERCEPT INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1439	PR INJ FERRIC CARBOXYMALTOS 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
J1440	PR FILGRASTIM 300 MCG INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1442	PR INJ FILGRASTIM EXCL BIOSIMIL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1447	PR INJ TBO FILGRASTIM 1 MICROG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1448	PR INJECTION, TRILACICLIB, 1MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J1448	PR INJECTION, TRILACICLIB, 1MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1450	PR FLUCONAZOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1451	PR FOMEPIZOLE, 15 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1453	PR FOSAPREPITANT INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
J1454	PR INJ FOSNETUPITANT, PALONOSET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1455	PR FOSCARNET SODIUM INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1456	PR INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1458	PR GALSULFASE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1459	PR INJ IVIG PRIVIGEN 500 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1460	PR GAMMA GLOBULIN 1 CC INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO), 500 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1554	PR INJ. ASCENIV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1555	PR INJ CUVITRU, 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1556	PR INJ IMM GLOB BIVIGAM 500MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1557	PR GAMMAPLEX INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1558	PR INJ. XEMBIFY, 100 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1559	PR HIZENTRA INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1561	GAMUNEX INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1566	IMMUNE GLOBULIN, POWDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1568	OCTAGAM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1569	GAMMAGARD LIQUID INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1570	PR GANCICLOVIR SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1571	HEPAGAM B IM INJECTION	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
J1572	FLEBOGAMMA INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1573	HEPAGAM B INTRAVENOUS, INJ	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/1/2025
J1574	PR INJECTION, GANCICLOVIR SODIUM (EXELA) NOT THERAPEUTICALLY EQUIVALENT TO J1570, 500 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1575	PR HYQVIA 100MG IMMUNEGLOBULIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1580	PR GARAMYCIN GENTAMICIN INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1595	PR INJECTION GLATIRAMER ACETATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1596	INJ GOLODIRSEN 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1597	INJ GLYCOPYRROLATE, GLYRX-PF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1598	INJ GLYCOPYRROLATE FRES KABI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1599	PR IVIG NON-LYOPHILIZED NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1602	PR GOLIMUMAB FOR IV USE 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1610	PR GLUCAGON HYDROCHLORIDE/1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1611	PR INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J1610, PER 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1626	PR GRANISETRON HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1627	PR INJ, GRANISETRON, XR, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1628	PR INJ., GUSELKUMAB, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1630	PR HALOPERIDOL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1631	PR HALOPERIDOL DECANOATE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1632	PR INJ., BREXANOLONE , 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1640	PR HEMIN, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1642	PR INJ HEPARIN SODIUM PER 10 U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1643	PR INJECTION, HEPARIN SODIUM (PFIZER), NOT THERAPEUTICALLY EQUIVALENT TO J1644, PER 1000 UNITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1644	PR INJ HEPARIN SODIUM PER 1000U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1645	PR DALTEPARIN SODIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1650	PR INJ ENOXAPARIN SODIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1650	PR INJ ENOXAPARIN SODIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1652	PR FONDAPARINUX SODIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1670	PR TETANUS IMMUNE GLOBULIN INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1720	PR HYDROCORTISONE SODIUM SUCC I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1726	PR MAKENA, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1729	PR INJ HYDROXYPROGST CAPOAT NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1738	PR INJ. MELOXICAM 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1740	PR IBANDRONATE SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1741	PR IBUPROFEN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1742	PR IBUTILIDE FUMARATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1743	IDURSULFASE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1744	PR ICATIBANT INJECTION	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: D84.1 AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2023
J1744	PR ICATIBANT INJECTION	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: D84.1 AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2023
J1745	PR INFLIXIMAB INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1746	PR INJ., IBALIZUMAB-UIYK, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1747	INJECTION, SPESOLIMAB-SBZO, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1748	INJ, ZYMFENTRA, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1750	PR INJECTION, IRON DEXTRAN, 50 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
J1756	PR IRON SUCROSE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
J1786	PR IMUGLUCERASE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1790	PR DROPERIDOL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1800	PR PROPRANOLOL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1805	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1805	INJECTION, ESMOLOL HYDROCHLORIDE, 10 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1806	INJECTION, ESMOLOL HYDROCHLORIDE (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J1805, 10 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1806	INJECTION, ESMOLOL HYDROCHLORIDE (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J1805, 10 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1808	INJECTION, FOLIC ACID, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1811	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J1812	INSULIN (FIASP), PER 5 UNITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1814	INSULIN (LYUMJEV), PER 5 UNITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1815	PR INSULIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
J1817	PR INSULIN FOR INSULIN PUMP USE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
J1823	PR INJ. INEBILIZUMAB-CDON, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1826	PR INTERFERON BETA-1A INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1830	PR INTERFERON BETA-1B / .25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1830	PR INTERFERON BETA-1B / .25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1833	PR INJECTION ISAVUCONAZONIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1836	INJECTION, METRONIDAZOLE, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1920	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 1 YEAR OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023
J1920	INJECTION, LABETALOL HYDROCHLORIDE, 5 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 1 YEAR OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023
J1921	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1820, 5 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 1 YEAR OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1921	INJECTION, LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1820, 5 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 1 YEAR OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023
J1930	PR LANREOTIDE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1931	PR LARONIDASE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1938	INJECTION, FUROSEMIDE, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1939	INJECTION, BUMETANIDE, 0.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1943	PR INJ., ARISTADA INITIO, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1944	PR ARIPIRAZOLE LAUROXIL 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1950	PR LEUPROLIDE ACETATE /3.75 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1951	PR INJ FENSOLVI 0.25 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1952	PR LEUPROLIDE INJ, CAMCEVI, 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1953	PR LEVETIRACETAM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1954	PR INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (CIPLA), 7.5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J1955	PR INJ LEVOCARNITINE PER 1 GM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J1956	PR LEVOFLOXACIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J1961	INJECTION, LENACAPAVIR, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2010	PR LINCOMYCIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2020	PR LINEZOLID INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
J2021	PR INJECTION, LINEZOLID (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J2020, 200 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2060	PR LORAZEPAM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2062	PR LOXAPINE FOR INHALATION 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2150	PR MANNITOL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2175	PR MEPERIDINE HYDROCHL /100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2182	PR INJECTION MEPOLIZUMAB 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2183	INJ MEROPENEM (WG CRIT CARE)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2184	PR INJECTION, MEROPENEM (B. BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J2185, 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2185	PR MEROPENEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2186	PR INJ., MEROPENEM, VABORBACTAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2210	PR METHYLERGONOVIN MALEATE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2212	PR METHYLNALTREXONE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2246	INJ, MICAFUNGIN (BAXTER)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2247	PR INJECTION, MICAFUNGIN SODIUM (PAR PHARM) NOT THERAPEUTICALLY EQUIVALENT TO J2248, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2248	PR MICAFUNGIN SODIUM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2249	INJECTION, REMIMAZOLAM, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2250	PR INJ MIDAZOLAM HYDROCHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2251	INJ MIDAZOLAM IN 0.9% NACL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2252	INJ MIDAZOLAM IN 0.8% NACL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2260	PR INJ MILRINONE LACTATE / 5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2270	PR MORPHINE SULFATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2272	PR INJECTION, MORPHINE SULFATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2270, UP TO 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2277	INJ, MOTIXAFORTIDE, 0.25 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J2277	INJ, MOTIXAFORTIDE, 0.25 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2278	PR ZICONOTIDE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2280	PR INJ, MOXIFLOXACIN 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2281	PR INJECTION, MOXIFLOXACIN (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2280, 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2290	INJECTION, NAFCILLIN SODIUM, 20 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2300	PR INJ NALBUPHINE HYDROCHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2305	INJECTION, NITROGLYCERIN, 5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2310	PR INJ NALOXONE HYDROCHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2311	PR INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2312	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2313	INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 0.01 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2315	PR NALTREXONE, DEPOT FORM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
J2323	NATALIZUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2326	PR INJ, NUSINERSEN, 0.1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J2327	PR INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2350	PR INJECTION, OCRELIZUMAB, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2351	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2351	INJECTION, OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2353	PR OCTREOTIDE INJECTION, DEPOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2354	PR OCTREOTIDE INJ, NON-DEPOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2355	PR OPRELVEKIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2357	PR OMALIZUMAB INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2358	PR OLANZAPINE LONG-ACTING INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2359	INJECTION, OLANZAPINE, 0.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2360	PR ORPHENADRINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2371	INJECTION, PHENYLEPHRINE HYDROCHLORIDE, 20 MICROGRAMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2372	INJECTION, PHENYLEPHRINE HYDROCHLORIDE (BIORPHEN), 20 MICROGRAMS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2373	INJ, IMMPHENTIV, 20 MCG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2373	INJ, IMMPHENTIV, 20 MCG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2401	PR INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2402	PR INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2403	CHLOROPROCAINE HCL OPHTHALMIC, 3% GEL, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2404	INJ, GLYCOPYRROLATE, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2405	PR ONDANSETRON HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
J2406	PR INJECTION, ORITAVANCIN 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2407	PR INJECTION ORITAVANCIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2410	PR OXYMORPHONE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2425	PR PALIFERMIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA SUSTENNA), 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2427	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA HAFYERA, OR INVEGA TRINZA), 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2430	PR PAMIDRONATE DISODIUM /30 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2440	PR PAPAVERIN HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2468	INJ, PALONOSETRON (AVYXA)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2469	PR PALONOSETRON HCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2470	INJ PANTOPRAZOLE SODIUM 40MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2471	INJ PANTOPRAZOLE(HIKMA) 40MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2472	INJECTION, PANTOPRAZOLE SODIUM IN SODIUM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2501	PR PARICALCITOL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2502	PR INJ PASIREOTIDE LONG ACTING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2503	PR PEGAPTANIB SODIUM INJECTION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2504	PR PEGADEMASE BOVINE, 25 IU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2506	PR INJ PEGFILGRASTIM EX BIO 0.5MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2507	PR PEGLOTICASE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2508	INJ, NICARDIPINE 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2515	PR PENTOBARBITAL SODIUM INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2540	PR PENICILLIN G POTASSIUM INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2543	PR PIPERACILLIN/TAZOBACTAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2545	PENTAMIDINE NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2547	PR INJECTION PERAMIVIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2550	PR PROMETHAZINE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2560	PR PHENOBARBITAL SODIUM INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2561	INJECTION, PHENOBARBITAL SODIUM (SEZABY), 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2562	PR PLERIXAFOR INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2590	PR OXYTOCIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2597	PR INJ DESMOPRESSIN ACETATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2598	INJECTION, VASOPRESSIN, 1 UNIT	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2598	INJECTION, VASOPRESSIN, 1 UNIT	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2599	INJECTION, VASOPRESSIN (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2599	INJECTION, VASOPRESSIN (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2601	INJ VASOPRESSIN BAXTER	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2601	INJ VASOPRESSIN BAXTER	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2675	PROGESTERONE PER 50 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2679	INJ FLUPHENAZINE HCL 1.25 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2679	INJ FLUPHENAZINE HCL 1.25 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2680	PR FLUPHENAZINE DECANOATE 25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2690	PR PROCAINAMIDE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2700	PR OXACILLIN SODIUM INJECITON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2710	PR NEOSTIGMINE METHYLSLFTE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2720	PR INJ PROTAMINE SULFATE/10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2724	PROTEIN C CONCENTRATE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2730	PR PRALIDOXIME CHLORIDE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2760	PR PHENTOLAINE MESYLATE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2765	PR METOCLOPRAMIDE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2770	PR QUINUPRISTIN/ DALFOPRISTIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2778	RANIBIZUMAB INJECTION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2782	INJ AVACINCAPTAD PEGOL 0.1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2785	PR REGADENOSON INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2786	PR INJECTION RESLIZUMAB 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2788	PR RHO D IMMUNE GLOBULIN 50 MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
J2790	PR RHO D IMMUNE GLOBULIN INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
J2791	RHOPHYLAC INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
J2792	PR RHO(D) IMMUNE GLOBULIN H, SD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		5/10/2021
J2793	PR RILONACEPT INJECTION	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: M04.2 AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
J2793	PR RILONACEPT INJECTION	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: M04.2 AGE: PRIOR AUTH IS REQUIRED IF NOT AN AGE APPROPRIATE MEMBER EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2794	PR INJ RISPERDAL CONSTA, 0.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2795	PR ROPIVACAINE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2798	PR INJ., PERSERIS, 0.5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2799	INJECTION, RISPERIDONE (UZEDY), 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2800	PR METHOCARBAMOL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2802	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2804	INJECTION, RIFAMPIN, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2805	PR SINCALIDE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J2820	PR SARGRAMOSTIM INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2840	PR INJ SEBELIPASE ALFA 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2860	PR INJECTION SILTUXIMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2865	INJECTION, SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J2916	PR NA FERRIC GLUCONATE COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
J2919	INJ, METHYLPRED SOD SUCC 5MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J2941	PR SOMATROPIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J2997	PR ALTEPLASE RECOMBINANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
J3000	PR STREPTOMYCIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3010	PR FENTANYL CITRATE INJECITON	**NO AUTHORIZATION REQUIRED** REQUESTING PROVIDER: NO AUTH REQUIRED IF REFERRED BY PROVIDER IS AN ONCOLOGIST, HEMATOLOGIST/ONCOLOGIST		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3010	PR FENTANYL CITRATE INJECITON	**AUTHORIZATION REQUIRED** REQUESTING PROVIDER: AUTH IS REQUIRED IF REFERRED BY PROVIDER IS NOT AN ONCOLOGIST, HEMATOLOGIST/ONCOLOGIST EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023
J3030	PR SUMATRIPTAN SUCCINATE / 6 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3031	PR INJ., FREMANEZUMAB-VFRM 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3032	PR INJ. EPTINEZUMAB-JJMR 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3055	INJ TALQUETAMAB-TGVS 0.25 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3060	PR INJ TALIGLUCERASE ALFA 10 U	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3070	PR PENTAZOCINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3090	PR INJ TEDIZOLID PHOSPHATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3095	PR TELAVANCIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3101	PR TENECTEPLASE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3105	PR TERBUTALINE SULFATE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3110	PR TERIPARATIDE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3111	PR INJ. ROMOSOZUMAB-AQQG 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3121	PR INJ TESTOSTERO ENANTHATE 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3145	PR TESTOSTERON E UNDECANOATE 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3230	PR CHLORPROMA ZINE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3240	PR THYROTROPIN INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3241	PR INJ. TEPROTUMUM AB-TRBW 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3243	PR TIGECYCLINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3244	PR INJECTION, TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3245	PR INJ., TILDRAKIZUMAB, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3246	PR TIROFIBAN HCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3247	INJ SECUKINUMAB INTRAV 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3250	PR TRIMETHOBENZAMIDE HCL INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3260	PR TOBRAMYCIN SULFATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3262	PR TOCILIZUMAB INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J3285	PR TREPROSTINIL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3299	INJECTION, TRIAMCINOLONE ACETONIDE, SUPRACHOROIDAL (XIPERE), 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3300	PR TRIAMCINOLONE A INJ PRS-FREE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3301	PR TRIAMCINOLONE ACETONIDE INJ	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3303	PR TRIAMCINOLONE HEXACETONL INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3304	PR INJ TRIAMCINOLONE ACE XR 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3315	PR TRIPTORELIN PAMOATE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3316	PR INJ., TRIPTORELIN XR 3.75 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3357	PR USTEKINUMAB SUB CU INJ 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3357	PR USTEKINUMAB SUB CU INJ 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3358	PR USTEKINUMAB, IV INJECT, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3360	PR DIAZEPAM INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3370	PR VANCOMYCIN HCL INJECTION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3371	PR INJECTION, VANCOMYCIN HCL (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3372	PR INJECTION, VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J3370, 500 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3373	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3375	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3380	PR INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3385	PR VELAGLUCERASE ALFA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3391	PR INJ ATIDARSAGENE AUTOTEMCEL PER TX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J3392	INJECTION, EXAGAMGLOGENE AUTOTEMCEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM TMPPM SICKLE CELL DISEASE GENE THERAPY COVERAGE INFORMATION HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM HTTPS://WWW.TMHP.COM/NEWS/2025-01-10-SICKLE-CELL-DISEASE-GENE-THERAPY-COVERAGE-INFORMATION	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J3393	INJ, BETIBEGLOGENE AUTOTEMCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3394	INJ, LOVOTIBEGLOGENE AUTOTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM TMPPM SICKLE CELL DISEASE GENE THERAPY COVERAGE INFORMATION HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM HTTPS://WWW.TMHP.COM/NEWS/2025-01-10-SICKLE-CELL-DISEASE-GENE-THERAPY-COVERAGE-INFORMATION	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3396	PR VERTEPORFIN INJECTION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3397	PR INJ., VESTRONIDASE ALFA-VJBK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3398	PR INJ LUXTURNA 1 BILLION VEC G	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3398	PR INJ LUXTURNA 1 BILLION VEC G	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3399	PR INJ ONASE ABEPAR-XIOI TREAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J3401	VYJUVEK 5X10^9PFU/ML, 0.1 ML	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J3410	PR HYDROXYZINE HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3411	PR THIAMINE HCL 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3415	PR PYRIDOXINE HCL 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3420	PR VITAMIN B12 INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3425	INJECTION, HYDROXOCOBALAMIN, INTRAMUSCULAR, 10 MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3430	PR VITAMIN K PHYTONADIONE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3465	PR INJECTION, VORICONAZOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3470	PR HYALURONIDASE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3471	PR OVINE, UP TO 999 USP UNITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3472	PR OVINE, 1000 USP UNITS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3473	PR HYALURONIDASE RECOMBINANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3475	PR INJ MAGNESIUM SULFATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3480	PR INJ POTASSIUM CHLORIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3485	PR ZIDOVUDINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3486	PR ZIPRASIDONE MESYLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3489	PR ZOLEDRONIC ACID 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J3490	PR DRUGS UNCLASSIFIED INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3535	PR METERED DOSE INHALER DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J3535	PR METERED DOSE INHALER DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J3590	PR UNCLASSIFIED BIOLOGICS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J7030	PR NORMAL SALINE SOLUTION INFUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7040	PR NORMAL SALINE SOLUTION INFUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7042	PR 5% DEXTROSE/NORMAL SALINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7050	PR NORMAL SALINE SOLUTION INFUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7060	PR 5% DEXTROSE/WATER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7070	PR D5W INFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7100	PR DEXTRAN 40 INFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
J7110	PR DEXTRAN 75 INFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
J7120	PR RINGERS LACTATE INFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7121	PR 5% DEXTROSE IN LAC RINGERS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7165	INJ, HUMAN-LANS, PER I.U	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7165	INJ, HUMAN-LANS, PER I.U	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7168	PR PROTHROMBIN COMPLEX KCENTRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7169	PR INJ ANDEXXA, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7170	PR INJ., EMICIZUMAB-KXWH 0.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7171	INJ, ADZYNMA, 10 IU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7172	INJECTION, MARSTACIMAB-HNCQ, 0.5 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 12 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7172	INJECTION, MARSTACIMAB-HNCQ, 0.5 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 12 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7175	PR INJ FACTOR X (HUMAN) 1IU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7177	PR INJ., FIBRYGA, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7178	PR INJ HUMAN FIBRINOGEN CON NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7179	PR VONVENDI INJ 1 IU VWF:RCO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7180	PR FACTOR XIII ANTI-HEM FACTOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7181	PR FACTOR XIII RECOMB A-SUBUNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7182	PR FACTOR VIII RECOMB NOVOEIGHT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7183	PR WILATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7185	PR XYNTHA INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7186	PR ANTIHEMOPHILIC VIII/VWF COMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7187	HUMATE-P, INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7188	PR FACTOR VIII RECOMB OBIZUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7189	PR FACTOR VIIA RECOMB NOVOSEVEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7190	PR FACTOR VIII	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7192	PR FACTOR VIII RECOMBINANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7193	PR FACTOR IX NON-RECOMBINANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7194	PR FACTOR IX COMPLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7195	PR FACTOR IX RECOMBINANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7197	PR ANTITHROMBIN III INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7198	PR ANTI-INHIBITOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7200	PR FACTOR IX RECOMBINAN RIXUBIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7201	PR FACTOR IX ALPROLIX RECOMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7202	PR FACTOR IX IDELVION INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7203	PR FACTOR IX RECOMB GLY REBINYN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7204	PR INJ RECOMBIN ESPEROCT PER IU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7205	PR FACTOR VIII FC FUSION RECOMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7207	PR FACTOR VIII PEGYLATED RECOMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7208	PR INJ. JIVI 1 IU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7209	PR FACTOR VIII NUWIQ RECOMB 1IU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7210	PR INJ, AFSTYLA, 1 I.U.	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7211	PR INJ, KOVALTRY, 1 I.U.	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7212	PR FACTOR VIIA RECOMB SEVENFACT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 12 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 12 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2023
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIO), PER FACTOR VIII I.U.	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2024
J7294	PR SEG ACET AND ETH ESTR YEARLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	1/1/2022
J7295	PR ETH ESTR AND ETON MONTHLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	1/1/2022
J7296	PR KYLEENA, 19.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7296	PR KYLEENA, 19.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7297	PR LILETTA 52 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7297	PR LILETTA 52 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	
J7298	PR MIRENA 52 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	
J7298	PR MIRENA 52 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7300	PR INTRAUT COPPER CONTRACEPTIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7300	PR INTRAUT COPPER CONTRACEPTIVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	
J7301	PR SKYLA 13.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	
J7301	PR SKYLA 13.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7304	PR CONTRACEPTIVE HORMONE PATCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7304	PR CONTRACEPTIVE HORMONE PATCH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	
J7307	ETONOGESTREL IMPLANT SYSTEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	S, SK	C, CP	
J7307	ETONOGESTREL IMPLANT SYSTEM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7308	PR AMINOLEVULINIC ACID HCL TOP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7311	PR INJ., RETISERT, 0.01 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7312	PR DEXAMETHASONE INTRA IMPLANT	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7313	PR INJ., ILUVIEN, 0.01 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7314	PR INJ., YUTIQ, 0.01 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7316	PR INJ OCRIPLASMIN 0.125 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J7318	PR INJ, DUROLANE 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7320	DELETED 2463	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7321	PR HYALGAN SUPARTZ VISCO-3 DOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7322	PR HYMOVIS INJECTION 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7323	EUFLEXXA INJ PER DOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7324	ORTHOVISC INJ PER DOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7325	PR SYNVISC OR SYNVISC-ONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7326	PR GEL-ONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7328	PR GELSYN-3 INJECTION 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7329	PR INJ, TRIVISC 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7340	PR CARBIDOPA LEVODOPA ENT 100ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7342	PR CIPROFLOXACIN OTIC SUSP 6 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7351	PR INJ BIMATOPROSTITC IMP1MCG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7352	PR AFAMELANOTIDE IMPLANT, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2022
J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J7354	CANTHARIDIN TOP, APPLICATOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7355	INJ TRAVOPROST INTRA IMPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7356	PR INJ FOSCARB 0.25 FOSLEVODOPA 5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7402	PR MOMETASONE SINUS SINUVA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7501	PR AZATHIOPRINE PARENTERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7504	PR LYMPHOCYTE IMMUNE GLOBULIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7511	PR ANTITHYMOCYTE GLOBULN RABBIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7514	MYCOPHENOLATE MOFETIL (MYHIBBIN), ORAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7516	INJECTION, CYCLOSPORINE, 250 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7519	INJECTION, MYCOPHENOLATE MOFETIL, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J7525	PR TACROLIMUS INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7599	PR IMMUNOSUPPRESSIVE DRUG NOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7605	PR ARFORMOTEROL NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7608	ACETYLCYSTEINE NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7611	PR ALBUTEROL NON-COMP CON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7612	PR LEVALBUTEROL NON-COMP CON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7613	PR ALBUTEROL NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7614	PR LEVALBUTEROL NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7620	PR ALBUTEROL IPRATROP NON-COMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7622	PR BECLOMETHASONE COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7626	PR BUDESONIDE NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7631	CROMOLYN SODIUM NONCOMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7639	PR DORNASE ALPHA INHAL SOL U D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7644	PR IPRATROPIUM BROMIDE NON-COMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7677	PR REVEFENACIN INH NON-COM 1MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7682	PR TOBRAMYCIN NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J7686	PR TREPROSTINIL, NON-COMP UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7699	PR INHALATION SOLUTION FOR DME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J7799	PR NON-INHALATION DRUG FOR DME	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J8501	PR ORAL APREPITANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J8522	CAPECITABINE ORAL 50 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J8541	ORAL HEMADY 0.25 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J8541	ORAL HEMADY 0.25 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J8611	ORAL METHOTREXATE (JYLAMVO)	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J8611	ORAL METHOTREXATE (JYLAMVO)	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J8612	ORAL METHOTREXATE (XATMEP)	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J8612	ORAL METHOTREXATE (XATMEP)	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J8999	PR ORAL PRESCRIPTION DRUG CHEMO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J9000	PR DOXORUBIC HCL 10 MG VL CHEMO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9015	PR ALDESLEUKIN/ SINGLE USE VIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9017	PR ARSENIC TRIOXIDE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9019	PR ERWINAZE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9020	PR ASPARAGINASE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9021	PR INJ, ASPARA, RYLAZE, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9022	PR INJ, ATEZOLIZUMAB ,10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9023	PR INJECTION, AVELUMAB, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9024	INJECTION, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9024	INJECTION, ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9025	PR AZACITIDINE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9026	INJECTION, TARLATAMAB-DLLE, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9027	PR CLOFARABINE INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9028	INJECTION, NOGAPENDEKIN ALFA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9029	INTRAVESICAL INSTILLATION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9030	PR BCG LIVE INTRAVESICAL 1MG	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: C67.0-C67.9, C79.11, D09.0		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
J9030	PR BCG LIVE INTRAVESICAL 1MG	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: C67.0-C67.9, C79.11, D09.0 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
J9032	PR INJECTION BELINOSTAT 10MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J9033	INJECTION, BENDAMUSTINE HYDROCHLORIDE, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J9034	PR INJ. BENDEKA 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9035	PR BEVACIZUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9035	PR BEVACIZUMAB INJECTION	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9036	PR INJ. BELRAPZO/BENDAMUSTINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9038	INJECTION, AXATILIMAB-CSFR, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9039	PR INJECTION BLINATUMOMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9040	PR BLEOMYCIN SULFATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9041	PR INJ., VELCADE 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9042	PR BRENTUXIMAB VEDOTIN INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9043	PR CABAZITAXEL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9045	PR CARBOPLATIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9046	PR INJECTION, BORTEZOMIB, (DR. REDDY'S), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9047	PR INJECTION CARFILZOMIB 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9048	PR INJECTION, BORTEZOMIB (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J9049	PR INJECTION, BORTEZOMIB (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J9050	PR CARMUS BISCHL NITRO INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9051	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9052	INJ, CARMUSTINE (ACCORD)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9054	INJECTION, BORTEZOMIB (BORUZU), 0.1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9054	INJECTION, BORTEZOMIB (BORUZU), 0.1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9055	PR CETUXIMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9057	PR INJ., COPANLISIB, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9060	PR CISPLATIN 10 MG INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9061	PR INJ, AMIVANTAMAB-VMJW	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J9061	PR INJ, AMIVANTAMAB-VMJW	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J9065	PR INJ CLADRIBINE PER 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9072	INJ CYCLOPHOS DR.REDDY'S 5MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9072	INJ CYCLOPHOS DR.REDDY'S 5MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9073	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9074	INJ, CYCLOPHOSPHAMD, SANDOZ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9075	INJ, CYCLOPHOSPHAMIDE, NOS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9076	INJECTION, CYCLOPHOSPHAMIDE (BAXTER), 5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9098	PR CYTARABINE LIPOSOME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9100	PR CYTARABINE HCL 100 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9118	PR INJ. CALASPARGASE PEGOL-MKNL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9119	PR INJ., CEMIPLIMAB-RWLC, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9120	PR DACTINOMYCIN ACTINOMYCIN D	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9130	PR DACARBAZINE 100 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9144	PR DARATUMUMAB, HYALURONIDASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9145	PR INJECTION DARATUMUMAB 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9150	PR DAUNORUBICIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9151	PR DAUNORUBICIN CITRATE LIPOSOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9153	PR INJ DAUNORUBICIN, CYTARABINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9155	PR DEGARELIX INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9165	PR DIETHYLSTILBESTROL INJECTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9171	PR DOCETAXEL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9172	DOCETAXEL DOCIVYX 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9173	PR INJ., DURVALUMAB, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9175	PR ELLIOTTS B SOLUTION PER ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9176	PR INJECTION ELOTUZUMAB 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9177	PR INJ ENFORTVEDO-EJFV 0.25MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9178	PR INJ, EPIRUBICIN HCL, 2 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9179	PR ERIBULIN MESYLATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9181	PR ETOPOSIDE 10 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9185	PR FLUDARABINE PHOSPHATE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9190	PR FLUOROURACIL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD)	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9198	PR INJ. INFUGEM, 100 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9200	PR FLOXURIDINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9201	PR IN GEMCITABINE HCL NOS 200MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9202	PR GOSERELIN ACETATE IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9203	PR GEMTUZUMAB OZOGAMICIN 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J9204	PR INJ MOGAMULIZUMAB-KPKC, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9205	PR INJ IRINOTECAN LIPOSOME 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9206	PR IRINOTECAN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9207	PR IXABEPILONE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9208	PR IFOSFOMIDE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9209	PR MESNA INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9210	PR INJ., EMAPALUMAB-LZSG, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9211	PR IDARUBICIN HCL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9214	PR INTERFERON ALFA-2B INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9216	PR INTERFERON GAMMA 1-B INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9217	PR LEUPROLIDE ACETATE SUSPNSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9218	PR LEUPROLIDE ACETATE INJECITON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9220	INJECTION, INDIGOTINDISULFONATE SODIUM, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9223	PR INJ. LURBINECTEDIN, 0.1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9225	VANTAS IMPLANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9226	SUPPRELIN LA IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9227	PR INJ. ISATUXIMAB-IRFC 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9228	PR IPILIMUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9229	PR INJ INOTUZUMAB OZOGAM 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J9230	PR MECHLORETHAMINE HCL INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J9245	PR INJ MELPHALAN HYDROCHL 50 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9246	PR INJ., EVOMELA, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9255	INJ, METHOTREXATE (ACCORD)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9258	PACLITAXEL TEVA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9260	INJECTION, METHOTREXATE SODIUM, 50 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9261	PR NELARABINE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9262	PR INJ OMACETAXINE MEP 0.01MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9263	PR OXALIPLATIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9264	PR PACLITAXEL PROTEIN BOUND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9266	PR PEGASPARGASE/SINGL DOSE VIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9267	PR PACLITAXEL INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9268	PR PENTOSTATIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9269	PR INJ. TAGRAXOFUSP-ERZS 10 MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9270	PR PLICAMYCIN (MITHRAMYCIN) INJ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9271	PR INJ PEMBROLIZUMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9272	PR INJ, DOSTARLIMAB-GXLY, 10 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9272	PR INJ, DOSTARLIMAB-GXLY, 10 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J9274	INJECTION, TEBENTAFUSP-TEBN, 1 MCG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9276	INJECTION, ZANIDATAMAB-HRII, 2 MG	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: C22.1, C23, C24.0, C24.8, C24.9 AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9276	INJECTION, ZANIDATAMAB-HRII, 2 MG	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: C22.1, C23, C24.0, C24.8, C24.9 AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9280	PR MITOMYCIN 5 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9281	PR MITOMYCIN INSTILLATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9285	PR INJ, OLARATUMAB, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9286	INJ GLOFITAMAB GXBM, 2.5 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
J9286	INJ GLOFITAMAB GXBM, 2.5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9289	PR INJ NIVOLUMAB 2 MG HYALURONIDASE	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9289	PR INJ NIVOLUMAB 2 MG HYALURONIDASE	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9292	INJECTION, PEMETREXED DIPOTASSIUM, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9293	PR MITOXANTRONE HYDROCHL / 5 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9294	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9295	PR INJECTION NECITUMUMAB 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 12 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 12 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9299	PR INJECTION NIVOLUMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9301	PR OBINUTUZUMAB INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9302	PR OFATUMUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9303	PANITUMUMAB INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9304	PR INJ. PEMETREXED, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9305	PR PEMETREXED INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9306	PR INJECTION PERTUZUMAB 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9307	PR PRALATREXATE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9308	PR INJECTION RAMUCIRUMAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9309	PR INJ, POLATUZUMAB VEDOTIN 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9311	PR INJ RITUXIMAB, HYALURONIDASE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9312	PR INJ., RITUXIMAB, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9313	PR INJ., LUMOXITI, 0.01 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9314	PR INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9316	PR PERTUZU, TRASTUZU, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9317	PR SACITUZUMAB GOVITECAN-HZIY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9318	PR INJ ROMIDEPSIN NON-LYO 0.1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9319	PR INJ ROMIDEPSIN LYOPHIL 0.1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9320	PR STREPTOZOCIN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	7/1/2025
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9324	INJ, PEMRYDIRTU, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9325	PR INJ TALIMOGENE LAHERPAREPVEC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9328	PR TEMOZOLOMIDE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9329	INJ TISLELIZUMAB-JSGR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9330	PR TEMSIROLIMUS INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
J9333	INJ RONZANOLIXIZUM-NOLI 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9334	INJ EFGART-ALFA 2MG HYA-QVFC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9342	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9348	PR INJ. NAXITAMAB-GQGK, 1 MG	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: C74.00-C74.02, C74.10-C74.12, C74.90-C74.92 AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
J9348	PR INJ. NAXITAMAB-GQGK, 1 MG	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES:C74.00-C74.02, C74.10-C74.12, C74.90-C74.92 AGE: AUTH IS REQUIRED WHEN NOT AN AGE APPROPRIATE MEMBER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
J9349	PR INJ., TAFASITAMAB-CXIX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9350	PR TOPOTECAN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9351	PR TOPOTECAN INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9352	PR INJECTION TRABECTEDIN 0.1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9353	PR INJ. MARGETUXIMAB-CMKB, 5 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J9353	PR INJ. MARGETUXIMAB-CMKB, 5 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J9354	PR INJ ADO-TRASTUZUMAB EMT 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9355	PR INJ TRASTUZUMAB EXCL BIOSIMI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9356	PR INJ. HERCEPTIN HYLECTA, 10MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9357	PR VALRUBICIN, 200 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
J9360	PR VINBLASTINE SULFATE INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9361	INJ, EFBEMALENOGRASTIM ALFA-	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9370	PR VINCRISTINE SULFATE 1 MG INJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
J9382	PR INJECTION ZENOCUTUZUMAB ZBCO 1 MG	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9382	PR INJECTION ZENOCUTUZUMAB ZBCO 1 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9390	PR VINORELBINE TARTRATE/10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9393	PR INJECTION, FULVESTRANT (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9394	PR INJECTION, FULVESTRANT (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9395	PR INJECTION, FULVESTRANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
J9400	PR INJ ZIV-AFLIBERCEPT 1MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
J9600	PR PORFIMER SODIUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	9/1/2025
J9999	PR CHEMOTHERAPY DRUG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
K0001	PR STANDARD WHEELCHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0002	PR STND HEMI (LOW SEAT) WHLCHR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0003	PR LIGHTWEIGHT WHEELCHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0004	PR HIGH STRENGTH LTWT WHLCHR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0005	PR ULTRALIGHTW EIGHT WHEELCHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0006	PR HEAVY DUTY WHEELCHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0007	PR EXTRA HEAVY DUTY WHEELCHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0008	PR CSTM MANUAL WHEELCHAIR/BASE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0009	PR OTHER MANUAL WHEELCHAIR/BASE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0010	PR STND WT FRAME POWER WHLCHR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0011	PR STND WT PWR WHLCHR W CONTROL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0012	PR LTWT PORTBL POWER WHLCHR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0013	PR CUSTOM POWER WHLCHR BASE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0015	PR DETACH NON-ADJUS HGHT ARMRST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0017	PR DETACH ADJUST ARMREST BASE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0018	PR DETACH ADJUST ARMRST UPPER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0019	PR ARM PAD EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0020	PR FIXED ADJUST ARMREST PAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0037	PR HI MOUNT FLIP-UP FOOTREST EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0038	PR LEG STRAP EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0039	PR LEG STRAP H STYLE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0040	PR ADJUSTABLE ANGLE FOOTPLATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0041	PR LARGE SIZE FOOTPLATE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0042	PR STANDARD SIZE FOOTPLATE EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0043	PR FTRST LOWER EXTENSION TUBE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0044	PR FTRST UPPER HANGER BRACKET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0045	PR FOOTREST COMPLETE ASSEMBLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0046	PR ELEVAT LEGRST LOW EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0047	PR ELEVAT LEGRST UP HANGR BRACK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0050	PR RATCHET ASSEMBLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0051	PR CAM RELESE ASSEM FTRST/LGRST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0052	PR SWINGAWAY DETACH FOOTREST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0053	PR ELEVATE FOOTREST ARTICULATE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0056	PR SEAT HT <17 OR >=21 LTWT WC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0065	PR SPOKE PROTECTORS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0069	PR REAR WHL COMPLETE SOLID TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0070	PR REAR WHL COMPL PNEUM TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0071	PR FRONT CASTR COMPL PNEUM TIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0072	PR FRNT CSTR CMPL SEM-PNEUM TIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0073	PR CASTER PIN LOCK EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0077	PR FRONT CASTER ASSEM COMPLETE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0098	PR DRIVE BELT POWER WHEELCHAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0105	PR IV HANGER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
K0108	PR W/C COMPONENT-ACCESSORY NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0108	PR W/C COMPONENT-ACCESSORY NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
K0195	PR ELEVATING WHLCHAIR LEG RESTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0455	PR PUMP UNINTERRUPTED INFUSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2022
K0462	PR TEMPORARY REPLACEMENT EQPMNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0552	PR SUPPLY/EXT INF PUMP SYR TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0601	PR REPL BATT SILVER OXIDE 1.5 V	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0602	PR REPL BATT SILVER OXIDE 3 V	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0603	PR REPL BATT ALKALINE 1.5 V	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0604	PR REPL BATT LITHIUM 3.6 V	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0605	PR REPL BATT LITHIUM 4.5 V	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0606	PR AED GARMENT W ELEC ANALYSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
K0607	PR REPL BATT FOR AED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0609	PR REPL ELECTRODE FOR AED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0669	PR SEAT/BACK CUS NO DMEPDAC VER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
K0672	PR REMOVABLE SOFT INTERFACE LE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
K0730	PR CTRL DOSE INH DRUG DELIV SYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
K0733	PR 12-24HR SEALED LEAD ACID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0738	PR PORTABLE GAS OXYGEN SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
K0739	PR REPAIR/SVC DME NON-OXYGEN EQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
K0800	PR POV GROUP 1 STD UP TO 300LBS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0801	PR POV GROUP 1 HD 301-450 LBS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0802	PR POV GROUP 1 VHD 451-600 LBS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0813	PR PWC GP 1 STD PORT SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0814	PR PWC GP 1 STD PORT CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0815	PR PWC GP 1 STD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0816	PR PWC GP 1 STD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0820	PR PWC GP 2 STD PORT SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0821	PR PWC GP 2 STD PORT CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0822	PR PWC GP 2 STD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0823	PR PWC GP 2 STD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0824	PR PWC GP 2 HD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0825	PR PWC GP 2 HD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0826	PR PWC GP 2 VHD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0827	PR PWC GP VHD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0828	PR PWC GP 2 XTRA HD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0829	PR PWC GP 2 XTRA HD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0835	PR PWC GP2 STD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0836	PR PWC GP2 STD SING POW OPT CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0837	PR PWC GP 2 HD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0838	PR PWC GP 2 HD SING POW OPT CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0839	PR PWC GP2 VHD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0840	PR PWC GP2 XHD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0841	PR PWC GP2 STD MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0842	PR PWC GP2 STD MULT POW OPT CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0843	PR PWC GP2 HD MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0848	PR PWC GP 3 STD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0849	PR PWC GP 3 STD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0850	PR PWC GP 3 HD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0851	PR PWC GP 3 HD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0852	PR PWC GP 3 VHD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0853	PR PWC GP 3 VHD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0854	PR PWC GP 3 XHD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0855	PR PWC GP 3 XHD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0856	PR PWC GP3 STD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0857	PR PWC GP3 STD SING POW OPT CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0858	PR PWC GP3 HD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0859	PR PWC GP3 HD SING POW OPT CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0860	PR PWC GP3 VHD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0861	PR PWC GP3 STD MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0862	PR PWC GP3 HD MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0863	PR PWC GP3 VHD MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0864	PR PWC GP3 XHD MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0868	PR PWC GP 4 STD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0869	PR PWC GP 4 STD CAP CHAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0870	PR PWC GP 4 HD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0871	PR PWC GP 4 VHD SEAT/BACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0877	PR PWC GP4 STD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0878	PR PWC GP4 STD SING POW OPT CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0879	PR PWC GP4 HD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0880	PR PWC GP4 VHD SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0884	PR PWC GP4 STD MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0885	PR PWC GP4 STD MULT POW OPT CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0886	PR PWC GP4 HD MULT POW S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0890	PR PWC GP5 PED SING POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K0891	PR PWC GP5 PED MULT POW OPT S/B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2022
K0898	PR POWER WHEELCHAIR NOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0899	PR POW MOBIL DEV NO SADMERC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2024
K0900	PR CSTM DME OTHER THAN WHEELCHR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
K1030	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CARDIAC CONTRACTILITY MODULATION GENERATOR, REPLACEMENT ONLY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2022
K1036	SUPPLIES AND ACCESSORIES (E.G., TRANSDUCER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
L0112	PR CRANIAL CERVICAL ORTHOSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L0113	PR CRANIAL CERVICAL TORTICOLLIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0120	PR CERV FLEXIBLE NON-ADJUSTABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0130	PR FLEX THERMOPLASTIC COLLAR MO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0140	PR CERVICAL SEMI-RIGID ADJUSTAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0150	PR CERV SEMI-RIG ADJ MOLDED CHN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0160	PR CERV SEMI-RIG WIRE OCC/MAND	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0170	PR CERVICAL COLLAR MOLDED TO PT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0172	PR CERV COL SR FOAM 2PC PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0174	PR CERV SR 2PC THOR EXT PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0180	PR CER POST COL OCC/MAN SUP ADJ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0190	PR CERV COLLAR SUPP ADJ CERV BA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0200	PR CERV COL SUPP ADJ BAR & THOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0220	PR THOR RIB BELT CUSTOM FABRICA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0450	PR TLSO FLEX TRUNK/THOR PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0452	PR TLSO FLEX CUSTOM FAB THORACI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0454	PR TLSO TRNK SJ-T9 PRE CST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0455	PR TLSO FLEX TRNK SJ-T9 PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0456	PR TLSO FLEX TRNK SJ-SS PRE CST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0457	PR TLSO FLEX TRNK SJ-SS PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0458	PR TLSO 2MOD SYMPHIS-XIPHO PRE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0460	PR TLSO 2 SHL SYMPHYS-STERN CST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0462	PR TLSO 3MOD SACRO-SCAP PRE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0464	PR TLSO 4MOD SACRO-SCAP PRE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0466	PR TLSO R FRAM SOFT ANT PRE CST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0467	PR TLSO R FRAM SOFT PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0468	PR TLSO RIGID FRAME PREFAB PELV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0469	PR TLSO RIG FRAM PELVIC PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0470	PR TLSO RIGID FRAME PRE SUBCLAV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0472	PR TLSO RIGID FRAME HYPEREX PRE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0480	PR TLSO RIGID PLASTIC CUSTOM FA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0482	PR TLSO RIGID LINED CUSTOM FAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0484	PR TLSO RIGID PLASTIC CUST FAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0486	PR TLSO RIGIDLINED CUST FAB TWO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0488	PR TLSO RIGID LINED PRE ONE PIE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0490	PR TLSO RIGID PLASTIC PRE ONE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0491	PR TLSO 2 PIECE RIGID SHELL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0492	PR TLSO 3 PIECE RIGID SHELL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0621	PR SIO FLEX PELVIC/SACR PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0622	PR SIO FLEX PELVISACRAL CUSTOM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0623	PR SIO PANEL PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0624	PR SIO PANEL CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0625	PR LO FLEXIBL L1-BELOW L5 PRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0626	PR LO SAG STAYS/PANELS PRE-FAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0627	PR LO SAGITT RIGID PANEL PREFAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0628	PR LO FLEX W/O RIGID STAYS PRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0629	PR LSO FLEX W/RIGID STAYS CUST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0630	PR LSO POST RIGID PANEL PRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0631	PR LSO SAG-CORO RIGID FRAME PRE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0632	PR LSO SAG RIGID FRAME CUST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0633	PR LSO FLEXION CONTROL PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0634	PR LSO FLEXION CONTROL CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0635	PR LSO SAGIT RIGID PANEL PREFAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0636	PR LSO SAGITTAL RIGID PANEL CUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0637	PR LSO SAG-CORONAL PANEL PREFAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0638	PR LSO SAG-CORONAL PANEL CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0639	PR LSO S/C SHELL/PANEL PREFAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0640	PR LSO S/C SHELL/PANEL CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L0641	PR LO RIG POS PNL L1-L5 PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0642	PR LO SAG RI AN/POS PNL PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0643	PR LSO SAG CTR RIGI POS PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0648	PR LSO SAG R AN/POS PNL PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0649	PR LSO SC R POS/LAT PNL PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0650	PR LSO SC R ANT/POS PNL PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0651	PR LSO SAG-CO SHELL PNL PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L0700	PR CTLSO A-P-L CONTROL MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L0710	PR CTLSO A-P-L CONTROL W/ INTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L0720	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0810	PR HALO CERVICAL INTO JCKT VEST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L0820	PR HALO CERVICAL INTO BODY JACK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L0830	PR HALO CERV INTO MILWAUKEE TYP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L0859	PR MRI COMPATIBLE SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L0861	PR HALO REPL LINER/INTERFACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L0970	PR TLSO CORSET FRONT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0972	PR LSO CORSET FRONT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0974	PR TLSO FULL CORSET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0976	PR LSO FULL CORSET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0978	PR AXILLARY CRUTCH EXTENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0980	PR PERONEAL STRAPS PAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0982	PR STOCKING SUPP GRIPS SET OF F	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L0984	PR PROTECTIVE BODY SOCK EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L0999	PR ADD TO SPINAL ORTHOSIS NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1000	PR CTLSO MILWAUKE INITIAL MODEL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L1001	PR CTLSO INFANT IMMOBILIZER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1005	PR TENSION BASED SCOLIOSIS ORTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L1010	PR CTLSO AXILLA SLING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1020	PR KYPHOSIS PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1025	PR KYPHOSIS PAD FLOATING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1030	PR LUMBAR BOLSTER PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1040	PR LUMBAR OR LUMBAR RIB PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1050	PR STERNAL PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1060	PR THORACIC PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1070	PR TRAPEZIUS SLING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1080	PR OUTRIGGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1085	PR OUTRIGGER BIL W/ VERT EXTENS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1090	PR LUMBAR SLING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1100	PR RING FLANGE PLASTIC/LEATHER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1110	PR RING FLANGE PLAS/LEATHER MOL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1120	PR COVERS FOR UPRIGHT EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1200	PR FURNSH INITIAL ORTHOSIS ONLY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1210	PR LATERAL THORACIC EXTENSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1220	PR ANTERIOR THORACIC EXTENSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1230	PR MILWAUKEE TYPE SUPERSTRUCTUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1240	PR LUMBAR DEROTATION PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1250	PR ANTERIOR ASIS PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1260	PR ANTERIOR THORACIC DEROTATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1270	PR ABDOMINAL PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1280	PR RIB GUSSET (ELASTIC) EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1290	PR LATERAL TROCHANTERIC PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1300	PR BODY JACKET MOLD TO PATIENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1310	PR POST-OPERATIVE BODY JACKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1320	PECTUS CARINATUM ORTHO CUST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1499	PR SPINAL ORTHOSIS NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1600	PR ABDUCT HIP FLEX FREJKA W CVR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1610	PR ABDUCT HIP FLEX FREJKA COVR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1620	PR ABDUCT HIP FLEX PAVLIK HARNE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1630	PR ABDUCT CONTROL HIP SEMI-FLEX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1640	PR PELV BAND/SPREAD BAR THIGH C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1650	PR HO ABDUCTION HIP ADJUSTABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1652	PR HO BI THIGHCUFFS W SPRDR BAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1653	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1660	PR HO ABDUCTION STATIC PLASTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1680	PR PELVIC & HIP CONTROL THIGH C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1681	HIP ORTHOSIS, BILATERAL HIP JOINTS AND THIGH CUFFS, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL OF HIP JOIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	C, S, SK, CP	1/1/2024
L1685	PR POST-OP HIP ABDUCT CUSTOM FA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1686	PR HO POST-OP HIP ABDUCTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1690	PR COMBINATION BILATERAL HO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1700	PR LEG PERTHES ORTH TORONTO TYP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L1710	PR LEGG PERTHES ORTH NEWINGTON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L1720	PR LEGG PERTHES ORTHOSIS TRILAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L1730	PR LEGG PERTHES ORTH SCOTTISH R	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1755	PR LEGG PERTHES PATTEN BOTTOM T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L1810	PR KO ELASTIC WITH JOINTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1812	PR KO ELASTIC W/JOINTS PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1820	PR KO ELAS W/ CONDYLE PADS & JO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1821	KNEE ORTHOSIS,ELASTIC WITH CONDYLAR PADS AND JOINTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L1830	PR KO IMMOBILIZER CANVAS LONGIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1831	PR KNEE ORTH POS LOCKING JOINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1832	PR KO ADJ JNT POS RIGID SUPPORT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1833	PR KO ADJ JNT POS R SUP PRE OTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L1834	PR KO W/0 JOINT RIGID MOLDED TO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1836	PR RIGID KO WO JOINTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1840	PR KO DEROT ANT CRUCIATE CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1843	PR KO SINGLE UPRIGHT CUSTOM FIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1844	PR KO W/ADJ JT ROT CNTRL MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1845	PR KO DOUBLE UPRIGHT PRE CST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1846	PR KO W ADJ FLEX/EXT ROTAT MOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1847	PR KO DBL UPRIGHT W/AIR PRE CST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1848	PR KO DBL UPRIGHT W/AIR PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L1850	PR KO SWEDISH TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1851	PR KO SINGLE UPRIGHT PREFAB OTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1852	PR KO DOUBLE UPRIGHT PREFAB OTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1860	PR KO SUPRACONDYLAR SOCKET MOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1900	PR AFO SPRNG WIR DRSFLX CALF BD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1902	PR AFO ANKLE GAUNTLET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1904	PR AFO MOLDED ANKLE GAUNTLET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1906	PR AFO MULTILIGAMENTUS ANKLE SU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1907	PR AFO SUPRAMALLEOLAR CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Flat Feet and Orthotics): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Flat-Feet-and-Orthotics.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1910	PR AFO SING BAR CLASP ATTACH SH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1920	PR AFO SING UPRIGHT W/ ADJUST S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1930	PR AFO PLASTIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1932	PR AFO RIG ANT TIB PREFAB TCF/=	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1933	ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, OFF-THE-SHELF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1940	PR AFO MOLDED TO PATIENT PLASTI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1945	PR AFO MOLDED PLAS RIG ANT TIB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1950	PR AFO SPIRAL MOLDED TO PT PLAS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1951	PR AFO SPIRAL PREFABRICATED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1952	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, OFF-THE-SHELF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L1960	PR AFO POS SOLID ANK PLASTIC MO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1970	PR AFO PLASTIC MOLDED W/ANKLE J	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1971	PR AFO W/ANKLE JOINT, PREFAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L1980	PR AFO SING SOLID STIRRUP CALF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L1990	PR AFO DOUB SOLID STIRRUP CALF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2000	PR KAFO SING FRE STIRR THI/CALF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2005	PR KAFO SNG/DBL MECHANICAL ACT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2006	PR KAF SNG/DBL SWG/STN MCPR CUS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L2010	PR KAFO SNG SOLID STIRRUP W/O J	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2020	PR KAFO DBL SOLID STIRRUP BAND/	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2030	PR KAFO DBL SOLID STIRRUP W/O J	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2034	PR KAFO PLA SIN UP W/WO K/A CUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2035	PR KAFO PLASTIC PEDIATRIC SIZE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L2036	PR KAFO PLAS DOUB FREE KNEE MOL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2037	PR KAFO PLAS SING FREE KNEE MOL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2038	PR KAFO W/O JOINT MULTI-AXIS AN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2040	PR HKAFO TORSION BIL ROT STRAPS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2050	PR HKAFO TORSION CABLE HIP PELV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2060	PR HKAFO TORSION BALL BEARING J	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2070	PR HKAFO TORSION UNILAT ROT STR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2080	PR HKAFO UNILAT TORSION CABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2090	PR HKAFO UNILAT TORSION BALL BR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2106	PR AFO TIB FX CAST PLASTER MOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2108	PR AFO TIB FX CAST MOLDED TO PT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2112	PR AFO TIBIAL FRACTURE SOFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2114	PR AFO TIB FX SEMI-RIGID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2116	PR AFO TIBIAL FRACTURE RIGID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2126	PR KAFO FEM FX CAST THERMOPLAS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2128	PR KAFO FEM FX CAST MOLDED TO P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2132	PR KAFO FEMORAL FX CAST SOFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2134	PR KAFO FEM FX CAST SEMI-RIGID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2136	PR KAFO FEMORAL FX CAST RIGID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2180	PR PLAS SHOE INSERT W ANK JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2182	PR DROP LOCK KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2184	PR LIMITED MOTION KNEE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2186	PR ADJ MOTION KNEE JNT LERMAN T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2188	PR QUADRILATERAL BRIM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2190	PR WAIST BELT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2192	PR PELVIC BAND & BELT THIGH FLA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2200	PR LIMITED ANKLE MOTION EA JNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2210	PR DORSIFLEXION ASSIST EACH JOI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2220	PR DORSI & PLANTAR FLEX ASS/RES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2230	PR SPLIT FLAT CALIPER STIRR & P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2232	PR ROCKER BOTTOM, CONTACT AFO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2240	PR ROUND CALIPER AND PLATE ATTA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2250	PR FOOT PLATE MOLDED STIRRUP AT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2260	PR REINFORCED SOLID STIRRUP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2265	PR LONG TONGUE STIRRUP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2270	PR VARUS/VALGUS STRAP PADDED/LI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2275	PR PLASTIC MOD LOW EXT PAD/LINE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Flat Feet and Orthotics): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Flat-Feet-and-Orthotics.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2280	PR MOLDED INNER BOOT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2300	PR ABDUCTION BAR JOINTED ADJUST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2310	PR ABDUCTION BAR-STRAIGHT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2320	PR NON-MOLDED LACER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2330	PR LACER MOLDED TO PATIENT MODE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2335	PR ANTERIOR SWING BAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2340	PR PRE-TIBIAL SHELL MOLDED TO P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2350	PR PROSTHETIC TYPE SOCKET MOLDE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2360	PR EXTENDED STEEL SHANK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2370	PR PATTEN BOTTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2375	PR TORSION ANK & HALF SOLID STI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2380	PR TORSION STRAIGHT KNEE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2385	PR STRAIGHT KNEE JOINT HEAVY DU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2387	PR ADD LE POLY KNEE CUSTOM KAFO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2390	PR OFFSET KNEE JOINT EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2395	PR OFFSET KNEE JOINT HEAVY DUTY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2397	PR SUSPENSION SLEEVE LOWER EXT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2405	PR KNEE JOINT DROP LOCK EA JNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2415	PR KNEE JOINT CAM LOCK EACH JOI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2425	PR KNEE DISC/DIAL LOCK/ADJ FLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2430	PR KNEE JNT RATCHET LOCK EA JNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2435	DELETED 2716	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2492	PR KNEE LIFT LOOP DROP LOCK RIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2500	PR THI/GLUT/ISCHI A WGT BEARING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2510	PR TH/WGHT BEAR QUAD-LAT BRIM M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2520	PR TH/WGHT BEAR QUAD-LAT BRIM C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2525	PR TH/WGHT BEAR NAR M-L BRIM MO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2526	PR TH/WGHT BEAR NAR M-L BRIM CU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2530	PR THIGH/WGHT BEAR LACER NON-MO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2540	PR THIGH/WGHT BEAR LACER MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2550	PR THIGH/WGHT BEAR HIGH ROLL CU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2570	PR HIP CLEVIS TYPE 2 POSIT JNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2580	PR PELVIC CONTROL PELVIC SLING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2600	PR HIP CLEVIS/THRUST BEARING FR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2610	PR HIP CLEVIS/THRUST BEARING LO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2620	PR PELVIC CONTROL HIP HEAVY DUT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2622	PR HIP JOINT ADJUSTABLE FLEXION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2624	PR HIP ADJ FLEX EXT ABDUCT CONT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2627	PR PLASTIC MOLD RECIPRO HIP & C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L2628	PR METAL FRAME RECIPRO HIP & CA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2630	PR PELVIC CONTROL BAND & BELT U	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2640	PR PELVIC CONTROL BAND & BELT B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2650	PR PELV & THOR CONTROL GLUTEAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2660	PR THORACIC CONTROL THORACIC BA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2670	PR THORAC CONT PARASPINAL UPRIG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2680	PR THORAC CONT LAT SUPPORT UPRI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2750	PR PLATING CHROME/NICKEL PR BAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2755	PR CARBON GRAPHITE LAMINATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2760	PR EXTENSION PER EXTENSION PER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2768	PR ORTHO SIDEBAR DISCONNECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2770	PR LOW EXT ORTHOSIS PER BAR/JNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2780	PR NON-CORROSIVE FINISH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2785	PR DROP LOCK RETAINER EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2795	PR KNEE CONTROL FULL KNEECAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2800	PR KNEE CAP MEDIAL OR LATERAL P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2810	PR KNEE CONTROL CONDYLAR PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2820	PR SOFT INTERFACE BELOW KNEE SE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2830	PR SOFT INTERFACE ABOVE KNEE SE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2840	PR TIBIAL LENGTH SOCK FX OR EQU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L2850	PR FEMORAL LGTH SOCK FX OR EQUA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L2861	PR TORSION MECHANISM KNEE/ANKLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L2999	PR LOWER EXTREMITY ORTHOSIS NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L3000	PR FT INSERT UCB BERKELEY SHELL	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (Flat Feet and Orthotics): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Flat-Feet-and-Orthotics.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L3001	PR FOOT INSERT REMOV MOLDED SPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3002	PR FOOT INSERT PLASTAZOTE OR EQ	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3003	PR FOOT INSERT SILICONE GEL EAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3010	PR FOOT LONGITUDINAL ARCH SUPPO	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (Flat Feet and Orthotics): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Flat-Feet-and-Orthotics.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3020	PR FOOT LONGITUD/METATARSAL SUP	**NO AUTHORIZATION REQUIRED**	MD GUIDELINE 1 (Flat Feet and Orthotics): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Flat-Feet-and-Orthotics.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L3030	PR FOOT ARCH SUPPORT REMOV PREM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3031	PR FOOT LAMIN/PREPREG COMPOSITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3040	PR FT ARCH SUPRT PREMOLD LONGIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3050	PR FOOT ARCH SUPP PREMOLD METAT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3060	PR FOOT ARCH SUPP LONGITUD/META	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3070	PR ARCH SUPRT ATT TO SHO LONGIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3080	PR ARCH SUPP ATT TO SHOE METATA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3090	PR ARCH SUPP ATT TO SHOE LONG/M	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3100	PR HALLUS-VALGUS NGHT DYNAMIC S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3140	PR ABDUCTION ROTATION BAR SHOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3150	PR ABDUCT ROTATION BAR W/O SHOE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3160	PR SHOE STYLED POSITIONING DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3161	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3161	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L3170	PR FOOT PLASTIC HEEL STABILIZER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3201	PR OXFORD W SUPINAT/PRON AT INF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3202	PR OXFORD W/ SUPINAT/PRONATOR C	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3203	PR OXFORD W/ SUPINATOR/PRONATOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3204	PR HIGHTOP W/ SUPP/PRONATOR INF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3206	PR HIGHTOP W/ SUPP/PRONATOR CHI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3207	PR HIGHTOP W/ SUPP/PRONATOR JUN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3208	PR SURGICAL BOOT EACH INFANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3209	PR SURGICAL BOOT EACH CHILD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3211	PR SURGICAL BOOT EACH JUNIOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3212	PR BENESCH BOOT PAIR INFANT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3213	PR BENESCH BOOT PAIR CHILD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3214	PR BENESCH BOOT PAIR JUNIOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3215	PR ORTHOPEDIC FTWEAR LADIES OXF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3216	PR ORTHOPED LADIES SHOES DPTH I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3217	PR LADIES SHOES HIGHTOP DEPTH I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3219	PR ORTHOPEDIC MENS SHOES OXFORD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3221	PR ORTHOPEDIC MENS SHOES DPTH I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3222	PR MENS SHOES HIGHTOP DEPTH INL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3224	PR WOMAN'S SHOE OXFORD BRACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3225	PR MAN'S SHOE OXFORD BRACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3230	PR CUSTOM SHOES DEPTH INLAY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3250	PR CUSTOM MOLD SHOE REMOV PROST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3251	PR SHOE MOLDED TO PT SILICONE S	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3252	PR SHOE MOLDED PLASTAZOTE CUST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3253	PR SHOE MOLDED PLASTAZOTE CUST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3254	PR ORTH FOOT NON-STNDARD SIZE/W	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3255	PR ORTH FOOT NON-STANDARD SIZE/	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3257	PR ORTH FOOT ADD CHARGE SPLIT S	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3260	PR AMBULATORY SURGICAL BOOT EAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3265	PR PLASTAZOTE SANDAL EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3300	PR SHO LIFT TAPER TO METATARSAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3310	PR SHOE LIFT ELEV HEEL/SOLE NEO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3320	PR SHOE LIFT ELEV HEEL/SOLE COR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3330	PR LIFTS ELEVATION METAL EXTENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3332	PR SHOE LIFTS TAPERED TO ONE-HA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3334	PR SHOE LIFTS ELEVATION HEEL /I	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3340	PR SHOE WEDGE SACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3350	PR SHOE HEEL WEDGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3360	PR SHOE SOLE WEDGE OUTSIDE SOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3370	PR SHOE SOLE WEDGE BETWEEN SOLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3380	PR SHOE CLUBFOOT WEDGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3390	PR SHOE OUTFLARE WEDGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3400	PR SHOE METATARSAL BAR WEDGE RO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3410	PR SHOE METATARSAL BAR BETWEEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3420	PR FULL SOLE/HEEL WEDGE BTWEEN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3430	PR SHO HEEL COUNT PLAST REINFOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3440	PR HEEL LEATHER REINFORCED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3450	PR SHOE HEEL SACH CUSHION TYPE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3455	PR SHOE HEEL NEW LEATHER STANDA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3460	PR SHOE HEEL NEW RUBBER STANDAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3465	PR SHOE HEEL THOMAS WITH WEDGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3470	PR SHOE HEEL THOMAS EXTEND TO B	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3480	PR SHOE HEEL PAD & DEPRESS FOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3485	PR SHOE HEEL PAD REMOVABLE FOR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3500	PR ORTHO SHOE ADD LEATHER INSOL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3520	PR O SHOE ADD FELT W LEATH INSL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3530	PR ORTHO SHOE ADD HALF SOLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3540	PR ORTHO SHOE ADD FULL SOLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3550	PR O SHOE ADD STANDARD TOE TAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3560	PR O SHOE ADD HORSESHOE TOE TAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3570	PR O SHOE ADD INSTEP EXTENSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3580	PR O SHOE ADD INSTEP VELCRO CLO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3590	PR O SHOE CONVERT TO SOF COUNTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3595	PR ORTHO SHOE ADD MARCH BAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3600	PR TRANS SHOE CALIP PLATE EXIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3610	PR TRANS SHOE CALIPER PLATE NEW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3620	PR TRANS SHOE SOLID STIRRUP EXI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3630	PR TRANS SHOE SOLID STIRRUP NEW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3640	PR SHOE DENNIS BROWNE SPLINT BO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3649	PR ORTHOPEDIC SHOE MODIFICA NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3650	PR SO 8 ABD RESTRAINT PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3651	PR PREFAB SHOULDER ORTHOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3652	PR PREFAB DBL SHOULDER ORTHOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3660	PR SO 8 AB RSTR CAN/WEB PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3670	PR SO ACRO/CLAV CAN WEB PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3671	PR SO CAP DESIGN W/O JNTS CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3674	PR SO AIRPLANE W/WO JOINT CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3675	PR SO VEST CANVAS/WEB PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3677	PR SO HARD PLASTIC STABILIZER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3678	PR SO HARD PLAS STABILI PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L3702	PR EO W/O JOINTS CF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3710	PR ELBOW ELASTIC WITH METAL JOI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3720	PR FOREARM/ARM CUFFS FREE MOTIO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3730	PR FOREARM/ARM CUFFS EXT/FLEX A	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3740	PR CUFFS ADJ LOCK W/ ACTIVE CON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3760	PR EO ADJ JT PREFAB CUSTOM FIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3761	PR EO, ADJ LOCK JOINT PREFAB OT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3762	PR RIGID EO WO JOINTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3763	PR EWHO RIGID W/O JNTS CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3764	PR EWHO W/JOINT(S) CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3765	PR EWHFO RIGID W/O JNTS CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3766	PR EWHFO W/JOINT(S) CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3806	WHFO W/JOINT (S) CUSTOM FAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3807	PR WHFO,NO JOINT, PREFABRICATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3808	PR WHFO, RIGID W/O JOINTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3809	PR WHFO W/O JOINTS PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L3891	PR TORSION MECHANISM WRIST/ELBO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3900	PR HINGE EXTENSION/FLEX WRIST/F	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3901	PR HINGE EXT/FLEX WRIST FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3904	PR WHFO ELECTRIC CUSTOM FITTED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L3905	PR WHO W/NONTORSION JNT(S) CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3906	PR WHO W/O JOINTS CF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3907	PR WHFO WRST GAUNTLT THMB SPICA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3908	PR WRIST COCK-UP NON-MOLDED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3909	PR PREFAB WRIST ORTHOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3910	PR WHFO SWANSON DESIGN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3911	PR PREFAB HAND FINGER ORTHOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3912	PR FLEX GLOVE W/ELASTIC FINGER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3913	PR HFO W/O JOINTS CF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3915	PR WHO W NONTOR JNT (S) PREFAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3916	PR WHFO WRIST EXTENS W/ OUTRIGG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3917	PR PREFAB METACARPL FX ORTHOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3918	PR METACARP FX ORTHOSIS PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L3919	PR HO W/O JOINTS CF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3921	PR HFO W/JOINT(S) CF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3922	PR KNUCKLE BEND 2 SEG TO FLEX J	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3923	PR HFO W/O JOINTS PF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3924	PR HFO WITHOUT JOINTS PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L3925	FO PIP/DIP WITH JOINT/SPRING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3926	PR THOMAS SUSPENSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3927	FO PIP/DIP W/O JOINT/SPRING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3928	PR FINGER EXTENSION W/ CLOCK SP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3929	HFO NONTORSION JOINT, PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3930	PR HFO NONTORSION JNTS PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L3931	WHFO NONTORSION JOINT PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3932	PR SAFETY PIN SPRING WIRE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3933	PR FO W/O JOINTS CF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3934	PR SAFETY PIN MODIFIED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3935	PR FO NONTORSION JOINT CF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3956	PR ADD JOINT UPPER EXT ORTHOSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3960	PR SEWHO AIRPLAN DESIG ABDU POS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3961	PR SEWHO CAP DESIGN W/O JNTS CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3962	PR SEWHO ERBS PALSEY DESIGN ABD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3967	PR SEWHO AIRPLANE W/O JNTS CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3971	PR SEWHO CAP DESIGN W/JNT(S) CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3973	PR SEWHO AIRPLANE W/JNT(S) CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3975	PR SEWHFO CAP DESIGN W/O JNT CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3976	PR SEWHFO AIRPLANE W/O JNTS CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3977	PR SEWHFO CAP DESGN W/JNT(S) CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3978	PR SEWHFO AIRPLANE W/JNT(S) CF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3980	PR UPP EXT FX ORTHOSIS HUMERAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3981	PR UE FX ORTH SHOUL CAP FOREARM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3982	PR UPPER EXT FX ORTHOSIS RAD/UL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3984	PR UPPER EXT FX ORTHOSIS WRIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3985	PR FOREARM HAND FX ORTH W/ WR H	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3986	PR HUMERAL RAD/ULNA WRIST FX OR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L3995	PR SOCK FRACTURE OR EQUAL EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L3999	PR UPPER LIMB ORTHOSIS NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4000	PR REPL GIRDLE MILWAUKEE ORTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4002	PR REPLACE STRAP, ANY ORTHOSIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4010	PR REPLACE TRILATERAL SOCKET BR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L4020	PR REPLACE QUADLAT SOCKET BRIM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4030	PR REPLACE SOCKET BRIM CUST FIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4040	PR REPLACE MOLDED THIGH LACER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4045	PR REPLACE NON-MOLDED THIGH LAC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4050	PR REPLACE MOLDED CALF LACER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4055	PR REPLACE NON-MOLDED CALF LACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4060	PR REPLACE HIGH ROLL CUFF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4070	PR REPLACE PROX & DIST UPRIGHT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4080	PR REPL MET BAND KAFO-AFO PROX	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L4090	PR REPL MET BAND KAFO-AFO CALF/	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4100	PR REPL LEATH CUFF KAFO PROX TH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4110	PR REPL LEATH CUFF KAFO-AFO CAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4130	PR REPLACE PRETIBIAL SHELL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4205	PR ORTHO DVC REPAIR PER 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4210	PR ORTH DEV REPAIR/REPL MINOR P	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L4350	PR ANKLE CONTROL ORTHOSI PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4360	PR PNEUMATI WALKING BOOT PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4361	PR PNEUMA/VAC WALK BOOT PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L4370	PR PNEUMATIC FULL LEG SPLINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4386	PR NON-PNEUM WALK BOOT PREFAB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4387	PR NON-PNEUM WALK BOOT PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4392	PR REPLACE AFO SOFT INTERFACE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4394	PR REPLACE FOOT DROP SPINT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4396	PR STATIC AFO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4397	PR STATIC OR DYNAMI AFO PRE OTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L4398	PR FOOT DROP SPLINT RECUMBENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2024
L4631	PR AFO, WALK BOOT TYPE, CUS FAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5000	PR SHO INSERT W ARCH TOE FILLER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5010	PR MOLD SOCKET ANK HGT W/ TOE F	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5020	PR TIBIAL TUBERCLE HGT W/ TOE F	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5050	PR ANK SYMES MOLD SCKT SACH FT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5060	PR SYMES MET FR LEATH SOCKET AR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5100	PR MOLDED SOCKET SHIN SACH FOOT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5105	PR PLAST SOCKET JTS/THGH LACER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5150	PR MOLD SCKT EXT KNEE SHIN SACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5160	PR MOLD SOCKET BENT KNEE SHIN S	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5200	PR KNE SING AXIS FRIC SHIN SACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5210	PR NO KNEE/ANKLE JOINTS W/ FT B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5220	PR NO KNEE JOINT WITH ARTIC ALI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5230	PR FEM FOCAL DEFIC CONSTANT FRI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5250	PR HIP CANAD SING AXI CONS FRIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5270	PR TILT TABLE LOCKING HIP SING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5280	PR HEMIPELVECT CANAD SING AXIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5301	PR BK MOLD SOCKET SACH FT ENDO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5311	PR KNEE DISART, SACH FT, ENDO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5312	PR KNEE DISART, SACH FT, ENDO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5321	PR AK OPEN END SACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5331	PR HIP DISART CANADIAN SACH FT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5341	PR HEMIPELVECTOMY CANADIAN SACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5400	PR POSTOP DRESS & 1 CAST CHG BK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5410	PR POSTOP DSG BK EA ADD CAST CH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5420	PR POSTOP DSG & 1 CAST CHG AK/D	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5430	PR POSTOP DSG AK EA ADD CAST CH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5450	PR POSTOP APP NON-WGT BEAR DSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5460	PR POSTOP APP NON-WGT BEAR DSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5500	PR INIT BK PTB PLASTER DIRECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5505	PR INIT AK ISCHAL PLSTR DIRECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5510	PR PREP BK PTB PLASTER MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5520	PR PERP BK PTB THERMOPLS DIRECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5530	PR PREP BK PTB THERMOPLS MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5535	PR PREP BK PTB OPEN END SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5540	PR PREP BK PTB LAMINATED SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5560	PR PREP AK ISCHIAL PLAST MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5570	PR PREP AK ISCHIAL DIRECT FORM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5580	PR PREP AK ISCHIAL THERMO MOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5585	PR PREP AK ISCHIAL OPEN END	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5590	PR PREP AK ISCHIAL LAMINATED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5595	PR HIP DISARTIC SACH THERMOPLS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5600	PR HIP DISART SACH LAMINAT MOLD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5610	PR ABOVE KNEE HYDRACADENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5611	PR AK 4 BAR LINK W/FRIC SWING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5613	PR AK 4 BAR LING W/HYDRAUL SWIG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5614	PR 4-BAR LINK ABOVE KNEE W/SWNG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5615	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5616	PR AK UNIV MULTIPLEX SYS FRICT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5617	PR AK/BK SELF-ALIGNING UNIT EA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5618	PR TEST SOCKET SYMES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5620	PR TEST SOCKET BELOW KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5622	PR TEST SOCKET KNEE DISARTICULA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5624	PR TEST SOCKET ABOVE KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5626	PR TEST SOCKET HIP DISARTICULAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5628	PR TEST SOCKET HEMIPELVECTOMY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5629	PR BELOW KNEE ACRYLIC SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5630	PR SYME TYP EXPANDABL WALL SCKT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5631	PR AK/KNEE DISARTIC ACRYLIC SOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5632	PR SYMES TYPE PTB BRIM DESIGN S	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5634	PR SYMES TYPE POSTER OPENING SO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5636	PR SYMES TYPE MEDIAL OPENING SO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5637	PR BELOW KNEE TOTAL CONTACT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5638	PR BELOW KNEE LEATHER SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5639	PR BELOW KNEE WOOD SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5640	PR KNEE DISARTICULAT LEATHER SO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5642	PR ABOVE KNEE LEATHER SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5643	PR HIP FLEX INNER SOCKET EXT FR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5644	PR ABOVE KNEE WOOD SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5645	PR BK FLEX INNER SOCKET EXT FRA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5646	PR BELOW KNEE CUSHION SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5647	PR BELOW KNEE SUCTION SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5648	PR ABOVE KNEE CUSHION SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5649	PR ISCH CONTAINMT/NARROW M-L SO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5650	PR TOT CONTACT AK/KNEE DISART S	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5651	PR AK FLEX INNER SOCKET EXT FRA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5652	PR SUCTION SUSP AK/KNEE DISART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5653	PR KNEE DISART EXPAND WALL SOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5654	PR SOCKET INSERT SYMES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5655	PR SOCKET INSERT BELOW KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5656	PR SOCKET INSERT KNEE ARTICULAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5658	PR SOCKET INSERT ABOVE KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5661	PR MULTI-DUROMETER SYMES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5665	PR MULTI-DUROMETER BELOW KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5668	PR BK MOLDED DISTAL CUSHION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5670	PR BK MOLDED SUPRACONDYLAR SUSP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5671	PR BK/AK LOCKING MECHANISM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5672	PR BK REMOVABLE MEDIAL BRIM SUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5673	PR SOCKET INSERT W LOCK MECH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5676	PR BK KNEE JOINTS SINGLE AXIS P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5677	PR BK KNEE JOINTS POLYCENTRIC P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5678	PR BK JOINT COVERS PAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5679	PR SOCKET INSERT W/O LOCK MECH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5680	PR BK THIGH LACER NON-MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5681	PR INTL CUSTM CONG/LATYP INSERT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5682	PR BK THIGH LACER GLUT/ISCHIA M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5683	PR INITIAL CUSTOM SOCKET INSERT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5684	PR BK FORK STRAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5685	PR BELOW KNEE SUS/SEAL SLEEVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5686	PR BK BACK CHECK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5688	PR BK WAIST BELT WEBBING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5690	PR BK WAIST BELT PADDED AND LIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5692	PR AK PELVIC CONTROL BELT LIGHT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5694	PR AK PELVIC CONTROL BELT PAD/L	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5695	PR AK SLEEVE SUSP NEOPRENE/EQUA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5696	PR AK/KNEE DISARTIC PELVIC JOIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5697	PR AK/KNEE DISARTIC PELVIC BAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5698	PR AK/KNEE DISARTIC SILESIAN BA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5699	PR SHOULDER HARNESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5700	PR REPLACE SOCKET BELOW KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5701	PR REPLACE SOCKET ABOVE KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5702	PR REPLACE SOCKET HIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5703	PR SYMES ANKLE W/O (SACH) FOOT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5704	PR CUSTOM SHAPE COVER BK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5705	PR CUSTOM SHAPE COVER AK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5706	PR CUSTOM SHAPE CVR KNEE DISART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5707	PR CUSTOM SHAPE CVR HIP DISART	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5710	PR KNE-SHIN EXO SNG AXI MNL LOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5711	PR KNEE-SHIN EXO MNL LOCK ULTRA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5712	PR KNEE-SHIN EXO FRICT SWG & ST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5714	PR KNEE-SHIN EXO VARIABLE FRICT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5716	PR KNEE-SHIN EXO MECH STANCE PH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5718	PR KNEE-SHIN EXO FRCT SWG & STA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5722	PR KNEE-SHIN PNEUM SWG FRCT EXO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5724	PR KNEE-SHIN EXO FLUID SWING PH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5726	PR KNEE-SHIN EXT JNTS FLD SWG E	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5728	PR KNEE-SHIN FLUID SWG & STANCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5780	PR KNEE-SHIN PNEUM/HYDRA PNEUM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5785	PR EXOSKELETAL BK ULTRALT MATER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5790	PR EXOSKELETAL AK ULTRA-LIGHT M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5795	PR EXOSKEL HIP ULTRA-LIGHT MATE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5810	PR ENDOSKEL KNEE-SHIN MNL LOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5811	PR ENDO KNEE-SHIN MNL LCK ULTRA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5812	PR ENDO KNEE-SHIN FRCT SWG & ST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5814	PR ENDO KNEE-SHIN HYDRAL SWG PH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5816	PR ENDO KNEE-SHIN POLYC MCH STA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5818	PR ENDO KNEE-SHIN FRCT SWG & ST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5822	PR ENDO KNEE-SHIN PNEUM SWG FRC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5824	PR ENDO KNEE-SHIN FLUID SWING P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5826	PR MINIATURE KNEE JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5827	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5828	PR ENDO KNEE-SHIN FLUID SWG/STA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5830	PR ENDO KNEE-SHIN PNEUM/SWG PHA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5840	PR MULTI-AXIAL KNEE/SHIN SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5841	ADDITION ENDOSKLETL KNEE-SHI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5841	ADDITION ENDOSKLETL KNEE-SHI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L5845	PR KNEE-SHIN SYS STANCE FLEXION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5848	PR KNEE-SHIN SYS HYDRAUL STANCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5850	PR ENDO AK/HIP KNEE EXTENS ASSI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5855	PR MECH HIP EXTENSION ASSIST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5856	PR ELEC KNEE-SHIN SWING/STANCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5857	PR ELEC KNEE-SHIN SWING ONLY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5858	PR STANCE PHASE ONLY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5859	PR KNEE-SHIN PRO FLEX/EXT CONT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5910	PR ENDO BELOW KNEE ALIGNABLE SY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5920	PR ENDO AK/HIP ALIGNABLE SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5925	PR ABOVE KNEE MANUAL LOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5926	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5930	PR HIGH ACTIVITY KNEE FRAME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5940	PR ENDO BK ULTRA-LIGHT MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5950	PR ENDO AK ULTRA-LIGHT MATERIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5960	PR ENDO HIP ULTRA-LIGHT MATERIA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5961	PR ENDO POLY HIP, PNEU/HYD/ROT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5962	PR BELOW KNEE FLEX COVER SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5964	PR ABOVE KNEE FLEX COVER SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5966	PR HIP FLEXIBLE COVER SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5968	PR MULTIAXIAL ANKLE W DORSIFLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5970	PR FOOT EXTERNAL KEEL SACH FOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5971	PR SACH FOOT, REPLACEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5972	PR FLEXIBLE KEEL FOOT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5973	PR ANK-FOOT SYS DORS-PLANT FLEX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5974	PR FOOT SINGLE AXIS ANKLE/FOOT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5975	PR COMBO ANKLE/FOOT PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5976	PR ENERGY STORING FOOT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5978	PR FT PROSTH MULTIAXIAL ANKL/FT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5979	PR MULTI-AXIAL ANKLE/FT PROSTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5980	PR FLEX FOOT SYSTEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5981	PR FLEX-WALK SYS LOW EXT PROSTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5982	PR EXOSKELETAL AXIAL ROTATION U	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5984	PR ENDOSKELETAL AXIAL ROTATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5985	PR LWR EXT DYNAMIC PROSTH PYLON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5985	PR LWR EXT DYNAMIC PROSTH PYLON	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5986	PR MULTI-AXIAL ROTATION UNIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L5987	PR SHANK FT W VERT LOAD PYLON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5988	PR VERTICAL SHOCK REDUCING PYLO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5989	DELETED 2728	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L5990	PR USER ADJUSTABLE HEEL HEIGHT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L5991	ADDITION TO LOWER EXTREMITY PROSTHESES, OSSEOINTEGRATED EXTERNAL PROSTHETIC CONNECTOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	C, S, SK, CP	1/1/2024
L5999	PR LOWR EXTREMITY PROSTHES NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6000	PR PAR HAND ROBIN-AIDS THUM REM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6010	PR HAND ROBIN-AIDS LITTLE/RING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6020	PR PART HAND ROBIN-AIDS NO FING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6026	PR PART HAND MYO EXCLU TERM DEV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L6050	PR WRST MLD SCK FLX HNG TRI PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6055	PR WRST MOLD SOCK W/EXP INTERFA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6100	PR ELB MOLD SOCK FLEX HINGE PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6110	PR ELBOW MOLD SOCK SUSPENSION T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6120	PR ELBOW MOLD DOUB SPLT SOC STE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6130	PR ELBOW STUMP ACTIVATED LOCK H	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6200	PR ELBOW MOLD OUTSID LOCK HINGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6205	PR ELBOW MOLDED W/ EXPAND INTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6250	PR ELBOW INTER LOC ELBOW FORARM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6300	PR SHLDER DISART INT LOCK ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6310	PR SHOULDER PASSIVE RESTOR COMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6320	PR SHOULDER PASSIVE RESTOR CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6350	PR THORACIC INTERN LOCK ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6360	PR THORACIC PASSIVE RESTOR COMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6370	PR THORACIC PASSIVE RESTOR CAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6380	PR POSTOP DSG CAST CHG WRST/ELB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6382	PR POSTOP DSG CAST CHG ELB DIS/	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6384	PR POSTOP DSG CAST CHG SHLDER/T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6386	PR POSTOP EA CAST CHG & REALIGN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6388	PR POSTOP APPLICAT RIGID DSG ON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6400	PR BELOW ELBOW PROSTH TISS SHAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6450	PR ELB DISART PROSTH TISS SHAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6500	PR ABOVE ELBOW PROSTH TISS SHAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6550	PR SHLDR DISAR PROSTH TISS SHAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6570	PR SCAP THORAC PROSTH TISS SHAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6580	PR WRIST/ELBOW BOWDEN CABLE MOL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6582	PR WRIST/ELBOW BOWDEN CBL DIR F	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6584	PR ELBOW FAIR LEAD CABLE MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6586	PR ELBOW FAIR LEAD CABLE DIR FO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6588	PR SHDR FAIR LEAD CABLE MOLDED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6590	PR SHDR FAIR LEAD CABLE DIRECT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6600	PR POLYCENTRIC HINGE PAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6605	PR SINGLE PIVOT HINGE PAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6610	PR FLEXIBLE METAL HINGE PAIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6611	PR ADDITIONAL SWITCH, EXT POWER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6615	PR DISCONNECT LOCKING WRIST UNI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6616	PR DISCONNECT INSERT LOCKING WR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6620	PR FLEXION/EXTENSION WRIST UNIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6621	PR FLEX/EXT WRIST W/WO FRICTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6623	PR SPRING-ASS ROT WRST W/ LATCH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6624	PR FLEX/EXT/ROTATION WRIST UNIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6625	PR ROTATION WRST W/ CABLE LOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6628	PR QUICK DISCONN HOOK ADAPTER O	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6629	PR LAMINATION COLLAR W/ COUPLIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6630	PR STAINLESS STEEL ANY WRIST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6632	PR LATEX SUSPENSION SLEEVE EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6635	PR LIFT ASSIST FOR ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6637	PR NUDGE CONTROL ELBOW LOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6638	PR ELEC LOCK ON MANUAL PW ELBOW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6640	PR SHOULDER ABDUCTION JOINT PAI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6641	PR EXCURSION AMPLIFIER PULLEY T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6642	PR EXCURSION AMPLIFIER LEVER TY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6645	PR SHOULDER FLEXION-ABDUCTION J	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6646	PR MULTIPO LOCKING SHOULDER JNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6647	PR SHOULDER LOCK ACTUATOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6648	PR EXT PWRD SHLDER LOCK/UNLOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6650	PR SHOULDER UNIVERSAL JOINT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6655	PR STANDARD CONTROL CABLE EXTRA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6660	PR HEAVY DUTY CONTROL CABLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6665	PR TEFLON OR EQUAL CABLE LINING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6670	PR HOOK TO HAND CABLE ADAPTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6672	PR HARNESS CHEST/SHLDER SADDLE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6675	PR HARNESS FIGURE OF 8 SING CON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6676	PR HARNESS FIGURE OF 8 DUAL CON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6677	PR UE TRIPLE CONTROL HARNESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6680	PR TEST SOCK WRIST DISART/BEL E	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6682	PR TEST SOCK ELBW DISART/ABOVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6684	PR TEST SOCKET SHLDR DISART/THO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6686	PR SUCTION SOCKET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6687	PR FRAME TYP SOCKET BEL ELBOW/W	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6688	PR FRAME TYP SOCK ABOVE ELB/DIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6689	PR FRAME TYP SOCKET SHOULDER DI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6690	PR FRAME TYP SOCK INTERSCAP-THO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6691	PR REMOVABLE INSERT EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6692	PR SILICONE GEL INSERT OR EQUAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6693	PR LOCKINGELBOW FOREARM CNTRBAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6694	PR ELBOW SOCKET INS USE W/LOCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6695	PR ELBOW SOCKET INS USE W/O LCK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6696	PR CUS ELBO SKT IN FOR CON/ATYP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6697	PR CUS ELBO SKT IN NOT CON/ATYP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6698	PR BELOW/ABOVE ELBOW LOCK MECH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6700	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L6703	PR TERM DEV, PASSIVE HAND MITT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6704	PR TERM DEV, SPORT/REC/WORK ATT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6706	PR TERM DEV MECH HOOK VOL OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6707	PR TERM DEV MECH HOOK VOL CLOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6708	PR TERM DEV MECH HAND VOL OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6709	PR TERM DEV MECH HAND VOL CLOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6711	PR PED TERM DEV, HOOK, VOL OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6712	PR PED TERM DEV, HOOK, VOL CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6713	PR PED TERM DEV, HAND, VOL OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6714	PR PED TERM DEV, HAND, VOL CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6715	PR TERM DEVICE MULTI ART DIGIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6721	PR HOOK/HAND, HVY DTY, VOL OPEN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6722	PR HOOK/HAND, HVY DTY, VOL CLOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6805	PR TERM DEV MODIFIER WRIST UNIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6810	PR TERM DEV PRECISION PINCH DEV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6880	PR ELEC HAND IND ART DIGITS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6881	PR TERM DEV AUTO GRASP FEATURE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6882	PR MICROPROCESSOR CONTROL UPLMB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6883	PR REPLC SOCKT BELOW E/W DISA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6884	PR REPLC SOCKT ABOVE ELBOW DISA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6885	PR REPLC SOCKT SHLDR DIS/INTERC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6890	PR PREFAB GLOVE FOR TERM DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6895	PR CUSTOM GLOVE FOR TERM DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6900	PR HAND RESTORAT THUMB/1 FINGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6905	PR HAND RESTORATION MULTIPLE FI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6910	PR HAND RESTORATION NO FINGERS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6915	PR HAND RESTORATION REPLACMNT G	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L6920	PR WRIST DISARTICUL SWITCH CTRL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6925	PR WRIST DISART MYOELECTRONIC C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6930	PR BELOW ELBOW SWITCH CONTROL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6935	PR BELOW ELBOW MYOELECTRONIC CT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6940	PR ELBOW DISARTICULATION SWITCH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6945	PR ELBOW DISART MYOELECTRONIC C	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6950	PR ABOVE ELBOW SWITCH CONTROL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6955	PR ABOVE ELBOW MYOELECTRONIC CT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6960	PR SHLDR DISARTIC SWITCH CONTRO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6965	PR SHLDR DISARTIC MYOELECTRONIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L6970	PR INTERSCAPULAR-THOR SWITCH CT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L6975	PR INTERSCAP-THOR MYOELECTRONIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7007	PR ADULT ELECTRIC HAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7008	PR PEDIATRIC ELECTRIC HAND	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7009	PR ADULT ELECTRIC HOOK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7040	PR PREHENSILE ACTUATOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7045	PR PEDIATRIC ELECTRIC HOOK	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7170	PR ELECTRONIC ELBOW HOSMER SWIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7180	PR ELECTRONIC ELBOW SEQUENTIAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7181	PR ELECTRONIC ELBO SIMULTANEOUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7185	PR ELECTRON ELBOW ADOLESCENT SW	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7186	PR ELECTRON ELBOW CHILD SWITCH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7190	PR ELBOW ADOLESCENT MYOELECTRON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7191	PR ELBOW CHILD MYOELECTRONIC CT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L7259	PR ELECTRONIC WRIST ROTATOR ANY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L7360	SIX VOLT BAT OTTO BOCK/EQ EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7362	BATTERY CHRGR SIX VOLT OTTO	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7364	TWELVE VOLT BATTERY UTAH/EQU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7366	BATTERY CHRGR 12 VOLT UTAH/E	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7367	PR REPLACEMNT LITHIUM IONBATTER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7368	PR LITHIUM ION BATTERY CHARGER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
L7400	PR ADD UE PROST BE/WD, ULTLITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7401	PR ADD UE PROST A/E ULTLITE MAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7402	PR ADD UE PROST S/D ULTLITE MAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7403	PR ADD UE PROST B/E ACRYLIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7404	PR ADD UE PROST A/E ACRYLIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7405	PR ADD UE PROST S/D ACRYLIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7499	PR UPPER EXTREMITY PROSTHES NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7510	PR PROSTHETIC DEVICE REPAIR REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L7520	PR REPAIR PROSTHESIS PER 15 MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7520	PR REPAIR PROSTHESIS PER 15 MIN	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
L7600	PR PROSTHETIC DONNING SLEEVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L7700	PR PROS SOC INSERT GASKET/SEAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8000	PR MASTECTOMY BRA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8001	PR BREAST PROSTHESIS BRA & FORM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8002	PR BRST PRSTH BRA & BILAT FORM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8015	PR EXT BREASTPROSTHESIS GARMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8020	PR MASTECTOMY FORM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8030	PR BREAST PROSTHESIS SILICONE/E	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8031	PR BREAST PROSTHESIS W ADHESIVE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8032	PR REUSABLE NIPPLE PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8033	PR NIPPLE PROSTHESIS CUSTOM, EA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L8035	PR CUSTOM BREAST PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L8039	PR BREAST PROSTHESIS NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8040	PR NASAL PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L8041	PR MIDFACIAL PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8042	PR ORBITAL PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L8043	PR UPPER FACIAL PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L8044	PR HEMI-FACIAL PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L8045	PR AURICULAR PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8046	PR PARTIAL FACIAL PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L8047	PR NASAL SEPTAL PROSTHESIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
L8300	PR TRUSS SINGLE W/ STANDARD PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8310	PR TRUSS DOUBLE W/ STANDARD PAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8320	PR TRUSS ADDITION TO STD PAD WA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8330	PR TRUSS ADD TO STD PAD SCROTAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8400	PR SHEATH BELOW KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8410	PR SHEATH ABOVE KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8415	PR SHEATH UPPER LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8417	PR PROS SHEATH/SOCK W GEL CUSHN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8420	PR PROSTHETIC SOCK MULTI PLY BK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8430	PR PROSTHETIC SOCK MULTI PLY AK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8435	PR PROS SOCK MULTI PLY UPPER LM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8440	PR SHRINKER BELOW KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8460	PR SHRINKER ABOVE KNEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8465	PR SHRINKER UPPER LIMB	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8470	PR PROS SOCK SINGLE PLY BK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8480	PR PROS SOCK SINGLE PLY AK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8485	PR PROS SOCK SINGLE PLY UPPER L	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8499	PR UNLISTED MISC PROSTHETIC SER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8500	PR ARTIFICIAL LARYNX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8501	PR TRACHEOSTOMY SPEAKING VALVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8507	PR TRACH-ESOPH VOICE PROS PT IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8509	PR TRACH-ESOPH VOICE PROS MD IN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8510	PR VOICE AMPLIFIER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8600	PR IMPLANT BREAST SILICONE/EQ	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
L8603	PR COLLAGEN IMP URINARY 2.5 ML	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8604	PR DEXTRANOMER /HYALURONIC ACID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8605	PR INJ BULKING AGENT ANAL CANAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
L8606	PR SYNTHETIC IMPLNT URINARY 1ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8610	PR OCULAR IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8614	PR COCHLEAR DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8615	PR COCH IMPLANT HEADSET REPLACE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
L8616	PR COCH IMPLANT MICROPHONE REPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8617	PR COCH IMPLANT TRANS COIL REPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8618	PR COCH IMPLANT TRAN CABLE REPL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8619	PR REPLACE COCHLEAR PROCESSOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8621	PR REPL ZINC AIR BATTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8622	PR REPL ALKALINE BATTERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8623	PR LITH ION BATT CID,NON-EARLVL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8624	PR LITH ION BATT CID EAR LEVEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8625	PR CHARGER COCH IMPL/AOI BATTRY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8627	PR CID EXT SPEECH PROCESS REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8628	PR CID EXT CONTROLLER REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8629	PR CID TRANSMIT COIL AND CABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8678	ELECTRICAL STIMULATOR SUPPLIES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8680	PR IMPLT NEUROSTIM ELCTR EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
L8680	PR IMPLT NEUROSTIM ELCTR EACH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
L8681	PR PT PRGRM FOR IMPLT NEUROSTIM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
L8682	PR IMPLT NEUROSTIM RADIOFQ REC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
L8683	PR RADIOFQ TRSMTR FOR IMPLT NEU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8684	PR RADIOF TRSMTR IMPLT SCRL NEU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
L8685	PR IMPLT NROSTM PLS GEN SNG REC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
L8686	PR IMPLT NROSTM PLS GEN SNG NON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
L8687	PR IMPLT NROSTM PLS GEN DUA REC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
L8688	PR IMPLT NROSTM PLS GEN DUA NON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8689	PR EXTERNAL RECHARG SYS INTERN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2023
L8690	PR AUD OSSEO DEV, INT/EXT COMP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8691	PR AOI SND PROC REPL EXCL ACTUA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8692	PR NON-OSSEOINTEGRATED SND PROC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
L8693	PR AUD OSSEO DEV ABUTMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
L8694	PR AOI TRANSDUCER/ ACTUATOR REPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
L8695	PR EXTERNAL RECHARG SYS EXTERN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	4/1/2025
M0201	PR ADMIN OF PNU, FLU, HEB B, COVID INSIDE PATIENS HOME	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS. REFERRED TO PROVIDER: NO AUTH IS REQUIRED FOR APPROPRIATE RENDERING PROVIDER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		10/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
M0220	PR ASTRAZENICAS 'S EVUSHELD ADMINISTRATI ON IN HEALTH-CARE SETTING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0221	PR ASTRAZENECA' S EVUSHELD ADMINISTRATI ON IN HOME OR RESIDENCE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0222	INTRAVENOUS INJECTION, BEBTELOVIMAB , INCLUDES INJECTION AND POST ADMINISTRATI ON MONITORING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
M0223	BEBTELOVIMAB INJECTION HOME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0224	PEMIVIBART INFUSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0240	PR CASIRI AND IMDEV REPEAT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
M0241	PR CASIRI AND IMDEV REPEAT HM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0243	PR CASIRIVI AND IMDEVI INFUSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0244	PR CASIRIVI AND IMDEVI INJ HM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
M0245	PR BAMLAN AND ETESEV INFUSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0246	PR BAMLAN AND ETESEV INFUS HOME	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
M0247	PR SOTROVIMAB INFUSION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
P9010	PR WHOLE BLOOD FOR TRANSFUSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
P9011	PR BLOOD SPLIT UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9012	PR CRYOPRECIPITATE EACH UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9016	PR RBC LEUKOCYTES REDUCED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9017	PR PLASMA 1 DONOR FRZ W/IN 8 HR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9019	PR PLATELETS, EACH UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9020	PR PLAELET RICH PLASMA UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9021	PR RED BLOOD CELLS UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9022	PR WASHED RED BLOOD CELLS UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9023	PR FROZEN PLASMA, POOLED, SD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9025	PR PLASMA CRYO REDU PATH EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
P9026	PR CRYO FIB COMP PATH REDU EACH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
P9027	RBC O2 CO2 REDUCED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	8/1/2025
P9031	PR PLATELETS LEUKOCYTES REDUCED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9032	PR PLATELETS, IRRADIATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9033	PR PLATELETS LEUKOREDUCED IRRAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9034	PR PLATELETS, PHERESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9035	PR PLATELET PHERES LEUKOREDUCED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9036	PR PLATELET PHERESIS IRRADIATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
P9037	PR PLATE PHERES LEUKOREDU IRRAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9038	PR RBC IRRADIATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9039	PR RBC DEGLYCEROLIZED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9040	PR RBC LEUKOREDUCED IRRADIATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9041	PR ALBUMIN (HUMAN),5%, 50ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9043	PR PLASMA PROTEIN FRACT,5%,50ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9044	PR CRYOPRECIPITATEREDUCEDPLASMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9045	PR ALBUMIN (HUMAN), 5%, 250 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9046	PR ALBUMIN (HUMAN), 25%, 20 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9047	PR ALBUMIN (HUMAN), 25%, 50ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
P9048	PR PLASMAPROTEIN FRACT,5%,250 ML	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9050	PR GRANULOCYTES, PHERESIS UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9051	PR BLOOD, L/R, CMV-NEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9052	PR PLATELETS, HLA-M, L/R, UNIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9053	PR PLT, PHER, L/R CMV-NEG, IRR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9054	PR BLOOD, L/R, FROZ/DEGLY/WASH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9055	PR PLT, APH/PHER, L/R, CMV-NEG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9056	PR BLOOD, L/R, IRRADIATED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9057	PR RBC, FRZ/DEG/WSH, L/R, IRRAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9058	PR RBC, L/R, CMV-NEG, IRRAD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
P9059	PR PLASMA, FRZ BETWEEN 8-24HOUR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9060	PR FR FRZ PLASMA DONOR RETESTED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
P9099	PR BLOOD COMPONENT/PRODUCT NOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q0035	PR CARDIOKYMOGRAPHY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q0138	PR FERUMOXYTOL NON-ESRD	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK, CP		7/1/2021
Q0163	PR DIPHENHYDRAMINE HCL 50MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q0164	PR PROCHLORPERAZINE MALEATE 5MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q0166	PR GRANISETRON HCL 1 MG ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q0167	PR DRONABINOL 2.5MG ORAL	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0167	PR DRONABINOL 2.5MG ORAL	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
Q0169	PR PROMETHAZINE HCL 12.5MG ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
Q0173	PR TRIMETHOBENZAMIDE HCL 250MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q0175	PR PERPHENAZINE 4MG ORAL	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED IF 18 YEARS OF AGE AND OLDER	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
Q0175	PR PERPHENAZINE 4MG ORAL	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED IF LESS THAN 18 YEARS OLD EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	6/1/2025
Q0177	PR HYDROXYZINE PAMOATE 25MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0180	PR DOLASETRON MESYLATE ORAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q0181	PR UNSPECIFIED ORAL ANTI-EMETIC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q0220	PR EVUSHELD MONOCLONAL ANTIBODY THERAPY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
Q0221	TIXAGEV AND CILGAV, 600MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0222	BEBTELOVIMAB 175 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
Q0224	INJ, PEMIVIBART, 4500 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
Q0243	PR CASIRIVIMAB AND IMDEVIMAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0244	PR CASIRIVI AND IMDEVI 1200 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
Q0245	PR BAMLANIVIMAB AND ETESEVIMA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025
Q0247	PR SOTROVIMAB	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0477	PR PWR MODULE PT CABLE LVAD RPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0480	PR DRIVER PNEUMATIC VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0481	PR MICROPRCSR CU ELEC VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0482	PR MICROPRCSR CU COMBO VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0483	PR MONITOR ELEC VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0484	PR MONITOR ELEC OR COMB VAD REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0485	PR MONITOR CABLE ELEC VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0486	PR MON CABLE ELEC/PNEUM VAD REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0487	PR LEADS ANY TYPE VAD, REP ONLY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0488	PR PWR PACK BASE ELEC VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0489	PR PWR PCK BASE COMBO VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0490	PR EMR PWR SOURCE ELEC VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0491	PR EMR PWR SOURCE COMBO VAD REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0492	PR EMR PWR CBL ELEC VAD, REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0493	PR EMR PWR CBL COMBO VAD, REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0494	PR EMR HD PMP ELEC/COMBO, REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0495	PR CHARGER ELEC/COMBO VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0496	PR BATTERY ELEC/COMBO VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0497	PR BAT CLPS ELEC/COMB VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0498	PR HOLSTER ELEC/COMBO VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0499	PR BELT/VEST ELEC/COMBO VAD REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0500	PR FILTERS ELEC/COMBO VAD, REP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0501	PR SHWR COV ELEC/COMBO VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0502	PR MOBILITY CART PNEUM VAD, REP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0503	PR BATTERY PNEUM VAD REPLACEMNT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q0504	PR PWR ADPT PNEUM VAD, REP VEH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0506	PR LITH-ION BATT ELEC/PNEUM VAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q0507	PR MISC SUP/ACC EXT VAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q0508	PR MISC SUP/ACC IMP VAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q2017	PR TENIPOSIDE, 50 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q2026	PR RADIESSE INJECTION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
Q2028	PR INJ, SCULPTRA, 0.5MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
Q2041	PR AXICABTAGENE CILOLEUCEL CAR+	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q2042	PR TISAGENLECLEUCEL CAR-POS T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q2043	PR SIPULEUCEL - T AUTO CD 54+	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q2050	PR DOXORUBICIN INJ 10MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q2053	PR BREXUCABTAGENE CAR POS T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q2054	PR LISOCABTAGENE MARA CAR POS T	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q2055	PR IDECABTAGEN E VICLEUCEL CAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
Q2056	CILTACABTAGE NE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESI S AND DOSE PREPARATION PROCEDURES, PER THERAPEU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
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 THERAPEU	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2022
Q2057	AFAMITRESGENE AUTOLEUCEL, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q3014	PR TELEHEALTH FACILITY FEE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A RURAL HEALTH CLINIC OR FEDERALLY QUALIFIED HEALTH CENTER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		12/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q3014	PR TELEHEALTH FACILITY FEE	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR EMERGENCIES.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2022
Q3014	PR TELEHEALTH FACILITY FEE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q3027	PR INJ BETA INTERFERON IM 1 MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q3028	PR INJ BETA INTERFERON SQ 1 MCG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q3031	PR COLLAGEN SKIN TEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q4074	PR ILOPROST NON-COMP UNIT DOSE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4081	PR EPOETIN ALFA, 100 UNITS ESRD	**AUTHORIZATION REQUIRED** DIAGNOSIS CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: B20, C90.00-C90.02, D46.0, D46.1, D46.21, D46.22, D46.4, D46.9, D46.A-D46.C, D46.Z, D47.1, D47.9, D47.Z9, D61.1-D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, I12.0, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, P61.2 EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025
Q4081	PR EPOETIN ALFA, 100 UNITS ESRD	**NO AUTHORIZATION REQUIRED** DIAGNOSIS CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: B20, C90.00-C90.02, D46.0, D46.1, D46.21, D46.22, D46.4, D46.9, D46.A-D46.C, D46.Z, D47.1, D47.9, D47.Z9, D61.1-D61.3, D61.89, D61.9, D63.0, D63.1, D64.4, D64.81, D64.89, D64.9, I12.0, N18.1, N18.2, N18.30, N18.31, N18.32, N18.4, N18.9, N19, P61.2	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	10/1/2025
Q4101	PR APLIGRAF	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4102	PR OASIS WOUND MATRIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4103	PR OASIS BURN MATRIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4104	PR INTEGRA BMWD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4105	PR INTEGRA DRT OR OMNIGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4106	PR DERMAGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4108	PR INTEGRA MATRIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4110	PR PRIMATRIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4111	PR GAMMAGRAFT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4114	PR INTEGRA FLOWABLE WOUND MATRI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4115	PR ALLOSKIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4117	PR HYALOMATRIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4118	MATRISTEM, MICROMATRIX PER 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4121	PR THERASKIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4123	PR ALLOSKIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4124	PR OASIS TRI-LAYER WOUND MATRIX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4126	PR MEMODERM/DERMA/TRANZ/INTEGUP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4127	PR TALYMED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4128	PR FLEXHD, OR ALLOPATCHHD, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4132	PR GRAFIX CORE GRAFIXPL CORE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4133	PR GRAFIX STRAVIX PRIME PL SQCM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4137	PR AMNIOEXCEL BIODEXCEL 1SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4145	PR EPIFIX, INJ, 1MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4150	PR ALLOWRAP DS OR DRY 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4151	PR AMNIOBAND, GUARDIAN 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4152	PR DERMAPURE 1 SQUARE CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4153	PR DERMAVEST, PLURIVEST SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4154	PR BIOVANCE 1 SQUARE CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4159	PR AFFINITY1 SQUARE CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4160	PR NUSHIELD 1 SQUARE CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4161	PR BIO-CONNEKT PER SQUARE CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4163	PR WOUNDEX BIOSKIN PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4169	PR ARTACENT WOUND, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4170	PR CYGNUS, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4173	PR PALINGEN OR PALINGEN XPLUS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4174	PR PALINGEN OR PROMATRX	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4175	PR MIRODERM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4176	PR NEOPATCH, PER SQ CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4178	PR FLOWERAMNIO PATCH, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4180	PR REVITA, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4184	PR CELLESTA OR DUO PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4186	PR EPIFIX 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4187	PR EPICORD 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4188	PR AMNIOARMOR 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4191	PR RESTORIGIN 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4195	PR PURAPLY 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4196	PR PURAPLY AM 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4197	PR PURAPLY XT 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4199	PR CYGNUS MATRIX, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4201	PR MATRION 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4203	PR DERMA-GIDE, 1 SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4210	AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4210	AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q4221	PR AMNIOWRAP2 PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4222	PR PROGENAMATRIX, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4227	PR AMNIOCORE PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4229	PR COGENEX AMNIO MEMB PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4232	PR CORPLEX, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4234	PR XCELLERATE, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4235	PR AMNIOREPAIR OR ALTIPLY SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4238	PR DERM-MAXX, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4246	PR CORETEXT OR PROTEXT, PER CC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4247	PR AMNIOTEXT PATCH, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4248	PR DERMACYTE AMN MEM ALLO SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4252	PR VENDAJE, PER SQUARE CENTIMET	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4253	PR ZENITH AMNIOTIC MEMBRANE PSC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4258	ENVERSE, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4259	CELERA DUAL LAYER OR CELERA DUAL MEMBRANE, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4263	PR SURGRAFT TL, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4272	ESANO A, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4273	ESANO AAA, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4274	ESANO AC, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4275	ESANO AC, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4276	ORION, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4277	WOUNDPLUS MEMBRANE/E-GRFT PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4278	EPIEFFECT, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4280	XCELL AMNIO MATRIX, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4281	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4282	CYGNUS DUAL, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
Q4284	DERMABIND SL, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4285	NUDYN DL OR NUDYN DL MESH, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4286	NUDYN SL OR NUDYN SLW, PER SQUARE CENTIMETER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q4310	PROCENTA, PER 100 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q4326	WOUNDPLUS, PER SQ CM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	4/1/2025
Q5099	PR INJ USTEKINUMAB STBA STEQEYMA 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5100	PR INJ USTEKINUMAB KFCE YESINTEK 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5101	PR INJECTION, ZARXIO	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5103	PR INJECTION, INFLECTRA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5104	PR INJECTION, RENFLEXIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5105	PR INJ RETACRIT ESRD ON DIALYSI	**NO AUTHORIZATION REQUIRED** DX CODES: NO AUTH IS REQUIRED FOR THESE DIAGNOSIS CODES: D63.1, N17.0-N17.2, N17.8, N17.9, N18.1, N18.2, N18.30-N18.32, N18.4-N18.6, N18.9, N99.0, T79.5XXA, T79.5XXD, T79.5XXS		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2025
Q5105	PR INJ RETACRIT ESRD ON DIALYSI	**AUTHORIZATION REQUIRED** DX CODES: AUTH IS REQUIRED IF NOT ONE OF THESE DIAGNOSIS CODES: D63.1, N17.0-N17.2, N17.8, N17.9, N18.1, N18.2, N18.30-N18.32, N18.4-N18.6, N18.9, N99.0, T79.5XXA, T79.5XXD, T79.5XXS EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5106	PR INJ RETACRIT NON-ESRD USE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q5107	PR INJ MVASI 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5108	PR INJECTION, BIOSIMILAR FULPHILA	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5110	PR NIVESTYM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5111	PR INJECTION, UDENYCA BIOSIMILAR 0.5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5112	PR INJ ONTRUZANT 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5113	PR INJ HERZUMA 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5114	PR INJ OGIVRI 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5115	PR INJ TRUXIMA 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q5116	PR INJ., TRAZIMERA, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5117	PR INJ., KANJINTI, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5118	PR INJ., ZIRABEV, 10 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
Q5119	PR INJ RUXIENCE, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5120	PR INJ PEGFILGRASTIM-BMEZ 0.5MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5121	PR INJ. AVSOLA, 10 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5122	PR INJ, NYVEPRIA,BIOSIMILAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5123	PR INJ. RIABNI, 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MCG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5126	PR INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH IS REQUIRED FOR AGE APPROPRIATE MEMBERS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2024
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5133	INJ, TOFIDENCE, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5135	INJ TYENNE 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5140	INJECTION, ADALIMUMAB-FKJP, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5141	INJECTION, ADALIMUMAB-AATY, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5142	INJECTION, ADALIMUMAB-RYVK, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5143	INJECTION, ADALIMUMAB-ADBM, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5144	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q5145	INJECTION, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q5147	INJECTION, AFLIBERCEPT-AYYH (PAVBLU), BIOSIMILAR, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q9950	PR INJ SULF HEXA LIPID MICROSPH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
Q9991	PR BUPRENORPH XR 100 MG OR LESS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q9992	PR BUPRENORPHINE XR OVER 100 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q9996	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
Q9997	INJECTION, USTEKINUMAB-TTWE (PYZCHIVA)	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), BIOSIMILAR, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
Q9999	INJECTION, USTEKINUMAB-AAUZ (OTULFI), BIOSIMILAR, 1 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
R0070	PR TRANSPORT PORTABLE X-RAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
R0075	PR TRANSPORT PORT X-RAY MULTIPL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (MOBILE X RAY.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/MOBILE-X-RAY.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	1/1/2024
S0013	PR ESKETAMINE, NASAL SPRAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,	CP	5/10/2021
S0080	PR INJECTION, PENTAMIDINE ISETH	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S0145	PR PEG INTERFERON ALFA-2A/180	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S0148	PR PEG INTERFERON ALFA-2B/10	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S0189	PR TESTOSTERONE PELLET 75 MG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
S0201	PR PARTIAL HOSPITALIZATION SERV	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 21 YEARS OF AGE OR OLDER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S0201	PR PARTIAL HOSPITALIZATION SERV	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 20 YEARS OF AGE OR YOUNGER. EXCLUSIONS: PHP SERVICES ARE NO AUTH REQUIRED FOR PARTICIPATING IN-NETWORK PROVIDERS CONTRACTED WITH DRISCOLL HEALTH PLAN FOR THESE SERVICES WHEN THE AGE RESTRICTION IS MET.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024
S0201	PR PARTIAL HOSPITALIZATION SERV	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR CHIP LINE OF BUSINESS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S0215	PR NONEMERG TRANSP MILEAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S0215	PR NONEMERG TRANSP MILEAGE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S0255	PR HOSPICE REFER VISIT NONMD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S0265	PR GENETIC COUNSEL 15 MINS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
S0271	HOME HOSPICE CASE 30 DAYS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S0515	PR SCLERAL LENS LIQUID BANDAGE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S0620	PR ROUTINE OPHTHALMOLOGICAL EXA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S0621	PR ROUTINE OPHTHALMOLOGICAL EXA	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
S1015	PR IV TUBING EXTENSION SET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S1040	PR CRANIAL REMOLDING ORTHOSIS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Cranial Molding): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Cranial-Molding.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
S1091	PR STENT NON-CORONARY PROPEL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
S2053	PR TRANSPLANTATION OF SMALL INT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2054	PR TRANSPLANTATION OF MULTIVISC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2060	PR LOBAR LUNG TRANSPLANTATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2065	PR SIMULT PANC KIDN TRANS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S2066	BREAST GAP FLAP RECONST	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
S2067	BREAST ""STACKED"" DIEP/GAP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
S2068	BREAST DIEP OR SIEA FLAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
S2079	PR LAP ESOPHAGOMY OTOMY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2095	PR TRANSCATH EMBOLIZ MICROSPHER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2118	PR TOTAL HIP RESURFACING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S2142	PR CORD BLOOD-DERIVED STEM-CELL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2202	PR ECHOSCLEROTHERAPY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	3/1/2025
S2225	PR MYRINGOTOMY LASER-ASSIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2235	PR IMPLANT AUDITORY BRAIN IMP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2325	PR HIP CORE DECOMPRESSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2401	PR FETAL SURG URIN TRAC OBSTR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2402	PR FETAL SURG CONG CYST MALF	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2403	PR FETAL SURG PULMON SEQUEST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S2405	PR FETAL SURG SACROCOC TERATOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2405	PR FETAL SURG SACROCOC TERATOMA	**AUTHORIZATION REQUIRED**	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		7/1/2025
S2409	PR FETAL SURG NOC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S2411	PR FETOSCOP LASER THER TTTS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S3722	PR DOSE OPTIMIZATION AUC - 5FU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S3800	GENETIC TESTING ALS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S3840	PR DNA ANALYSIS RET-ONCOGENE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S3841	PR GENE TEST RETINOBLASTOMA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S3842	PR GENE TEST HIPPEL-LINDAU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S3846	PR GENE TEST BETA-THALASSEMIA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S4005	PR INTERIM LABOR FACILITY GLOBA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S4005	PR INTERIM LABOR FACILITY GLOBA	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S4993	PR CONTRACEPTIVE PILLS FOR BC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S5010	PR 5% DEXTROSE AND 0.45% SALINE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S5036	PR HIT DEVICE REPAIR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S5101	PR ADULT DAY CARE PER HALF DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF DAHS IS IDENTIFIED DURING THE STAR KIDS SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5101	PR ADULT DAY CARE PER HALF DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF DAHS IS IDENTIFIED DURING THE STAR KIDS SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5101	PR ADULT DAY CARE PER HALF DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF DAHS IS IDENTIFIED DURING THE STAR KIDS SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5101	PR ADULT DAY CARE PER HALF DAY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF DAHS IS IDENTIFIED DURING THE STAR KIDS SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5150	PR UNSKILLED RESPITE CARE /15M	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5151	PR UNSKILLED RESPITECARE /DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5151	PR UNSKILLED RESPITECARE /DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5151	PR UNSKILLED RESPITECARE /DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5151	PR UNSKILLED RESPITECARE /DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5161	PR EMER RSPNS SYS SERV PERMONTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5161	PR EMER RSPNS SYS SERV PERMONTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S5165	PR HOME MODIFICATIONS PER SERV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5498	PR HIT SIMPLE CATH CARE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S5501	PR HIT COMPLEX CATH CARE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S5502	PR HIT INTERIM CATH CARE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5517	PR HIT DECLOTTING KIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S5518	PR HIT CATH REPAIR KIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S5520	PR HIT PICC INSERT KIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5521	PR HIT MIDLINE CATH INSERT KIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S5522	PR HIT PICC INSERT NO SUPP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S5523	PR HIP MIDLINE CATH INSERT KIT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S5550	PR INSULIN RAPID 5 U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S5551	PR INSULIN MOST RAPID 5 U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S5552	PR INSULIN INTERMED 5 U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S5553	PR INSULIN LONG ACTING 5 U	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S8030	PR TANTALUM RING APPLICATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
S8101	PR SPACER WITH MASK	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8185	PR FLUTTER DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8189	PR TRACH SUPPLY NOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8265	PR HABERMAN FEEDER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8270	PR ENURESIS ALARM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S8301	PR INFECT CONTROL SUPPLIES NOS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK,CP	8/1/2024
S8415	PR SUPPLIES FOR HOME DELIVERY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8420	PR CUSTOM GRADIENT SLEEV/GLOV	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8421	PR READY GRADIENT SLEEV/GLOV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8422	PR CUSTOM GRAD SLEEVE MED	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8423	PR CUSTOM GRAD SLEEVE HEAVY	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8424	PR READY GRADIENT SLEEVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S8425	PR CUSTOM GRAD GLOVE MED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8426	PR CUSTOM GRAD GLOVE HEAVY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8427	PR READY GRADIENT GLOVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8428	PR READY GRADIENT GAUNTLET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8429	PR GRADIENT PRESSURE WRAP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8450	PR SPLINT DIGIT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8451	PR SPLINT WRIST OR ANKLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S8452	PR SPLINT ELBOW	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S8999	PR RESUSCITATION BAG	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	8/1/2025
S9110	PR TELEMONITORING/HOME PER MNTH	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2021
S9123	PR NURSING CARE IN HOME RN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9123	PR NURSING CARE IN HOME RN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9124	PR NURSING CARE, IN THE HOME; B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9126	PR HOSPICE CARE, IN THE HOME, P	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9140	PR DIABETIC MANAGEMENT PROGRAM,	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9140	PR DIABETIC MANAGEMENT PROGRAM,	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9152	SPEECH THERAPY, RE-EVAL	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED FOR MORE THAN 2 RE-EVALUATIONS PER CODE WITHIN 12 MONTHS. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9152	SPEECH THERAPY, RE-EVAL	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR UP TO 2 RE-EVALUATIONS PER CODE WITHIN 12 MONTHS.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Therapy Guide): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Guide.pdf MD GUIDELINE 2 (Therapy Referral Review by Ordering Physician Attestation Form): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Referral-Review-by-Ordering-Physician-Attestation-Form.pdf MD GUIDELINE 3 (Therapy Request Checklist.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Therapy-Request-Checklist.PDF MD GUIDELINE 4 (THERAPY TELEHEALTH.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/THERAPY-TELEHEALTH.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9208	PR HOME MGMT PRETERM LABOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9208	PR HOME MGMT PRETERM LABOR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9209	PR HOME MGMT PPROM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9209	PR HOME MGMT PPROM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9211	PR HOME MGMT GEST HYPERTENSIO N	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9211	PR HOME MGMT GEST HYPERTENSIO N	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9212	PR HM POSTPAR HYPER PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9212	PR HM POSTPAR HYPER PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9213	PR HM PREECLAMP PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9213	PR HM PREECLAMP PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9214	PR HM GEST DM PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9214	PR HM GEST DM PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9214	PR HM GEST DM PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9326	PR HIT CONT PAIN PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9327	PR HIT INT PAIN PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9336	PR HIT CONT ANTICOAG DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9338	PR HIT IMMUNOTHERAPY DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9345	PR HIT ANTI-HEMOPHIL DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9348	PR HIT SYMPATHOMIM DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9351	PR HIT CONT ANTIEMETIC DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9351	PR HIT CONT ANTIEMETIC DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9351	PR HIT CONT ANTIEMETIC DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9357	PR HIT ENZYME REPLACE DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9361	PR HIT DIURETIC INFUS DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9365	PR HIT TPN 1 LITER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9366	PR HIT TPN 2 LITER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9367	PR HIT TPN 3 LITER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9368	PR HIT TPN OVER 3L DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9370	PR HT INJ ANTIEMETIC DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9372	PR HT INJ ANTICOAG DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9374	PR HIT HYDRA 1 LITER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9375	PR HIT HYDRA 2 LITER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9376	PR HIT HYDRA 3 LITER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9377	PR HIT HYDRA OVER 3L DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9379	PR HIT NOC PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9379	PR HIT NOC PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9379	PR HIT NOC PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9435	PR MEDICAL FOODS FOR INBORN ERR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK,CP	6/1/2021
S9441	PR ASTHMA EDUCATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9445	PR PT EDUCATION NOC INDIVID	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 21 DAYS PER EPISODE, WITH MORE THAN A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR DOES REQUIRE AN AUTH. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9445	PR PT EDUCATION NOC INDIVID	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 21 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH. ADMISSION AND DISCHARGE NOTIFICATION ARE REQUIRED TO BE GIVEN TO DHP.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9470	PR NUTRITIONAL COUNSELING, DIET	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9480	PR INTENSIVE OUTPATIENT PSYCHIA	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED FOR CHIP LINE OF BUSINESS FOR PARTICIPATING IN-NETWORK PROVIDERS CONTRACTED WITH DRISCOLL HEALTH PLAN FOR THESE SERVICES.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	11/1/2024
S9480	PR INTENSIVE OUTPATIENT PSYCHIA	**AUTHORIZATION REQUIRED** AGE: PRIOR AUTH IS REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 21 YEARS OF AGE OR OLDER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS A NOT COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9480	PR INTENSIVE OUTPATIENT PSYCHIA	**NO AUTHORIZATION REQUIRED** AGE: NO AUTH REQUIRED FOR STAR & STAR KIDS LINES OF BUSINESS IF 20 YEARS OF AGE OR YOUNGER. EXCLUSIONS: IOP SERVICES ARE NO AUTH REQUIRED FOR PARTICIPATING IN-NETWORK PROVIDERS CONTRACTED WITH DRISCOLL HEALTH PLAN FOR THESE SERVICES.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER NON COVERED BENEFIT PROCESS.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/BEHAVIORAL-HEALTH-AND-SUBSTANCE-USE-DISORDER-NON-COVERED-BENEFIT-PROCESS.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C	S, SK, CP	11/1/2024
S9482	PR FAMILY STABILIZATION 15 MIN	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF ≤104 UNITS IN A ROLLING 6 MONTHS. AGE: NO AUTH REQUIRED IF 20 YEARS OF AGE OR YOUNGER.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** ALERT: PRIOR AUTH IS REQUIRED IF >104 UNITS IN A ROLLING 6 MONTHS. AGE: PRIOR AUTH IS REQUIRED IF 21 YEARS OF AGE OR OLDER. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
S9482	PR FAMILY STABILIZATION 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9490	PR HIT CORTICOSTEROID/DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9500	PR HIT ANTIBIOTIC Q24H DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9501	PR HIT ANTIBIOTIC Q12H DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9502	PR HIT ANTIBIOTIC Q8H DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9503	PR HIT ANTIBIOTIC Q6H DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9504	PR HIT ANTIBIOTIC Q4H DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9537	PR HT HEM HORM INJ DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9542	PR HT INJ NOC PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9558	PR HT INJ GROWTH HORM DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9560	PR HT INJ HORMONE DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
S9560	PR HT INJ HORMONE DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
S9560	PR HT INJ HORMONE DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
S9562	PR HT INJ PALIVIZUMAB DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
S9810	PR HT PHARM PER HOUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR. THIS PROCEDURE CODE IS NOT A COVERED SERVICE BUT DHP WILL REVIEW REQUESTS FOR THIS PROCEDURE CODE ON A CASE-BY-CASE BASIS TO DETERMINE MEDICAL NECESSITY.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		S, SK, C, CP	12/1/2024
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1000	PR PRIVATE DUTY/INDEPENDENT NSG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, S, C	CP	12/1/2022
T1002	PR RN SERVICES UP TO 15 MINUTES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
T1002	PR RN SERVICES UP TO 15 MINUTES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
T1003	PR LPN/LVN SERVICES UP TO 15MIN	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
T1003	PR LPN/LVN SERVICES UP TO 15MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1005	PR RESPITE CARE SERVICE 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1007	PR TREATMENT PLAN DEVELOPMENT	**NO AUTHORIZATION REQUIRED** ALERT: NO AUTH IS REQUIRED IF LESS THAN 21 DAYS PER EPISODE, WITH A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND 4 EPISODES OF CARE PER ROLLING YEAR DOES NOT REQUIRE AN AUTH. ADMISSION AND DISCHARGE NOTIFICATION ARE REQUIRED TO BE GIVEN TO DHP.	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
T1007	PR TREATMENT PLAN DEVELOPMENT	**AUTHORIZATION REQUIRED** ALERT: AUTH IS REQUIRED IF MORE THAN 21 DAYS PER EPISODE, WITH MORE THAN A MAXIMUM OF 2 EPISODES OF CARE PER ROLLING 6 MONTH PERIOD, AND MORE THAN 4 EPISODES OF CARE PER ROLLING YEAR DOES REQUIRE AN AUTH. EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
T1013	PR SIGN LANG/ORAL INTERPRETER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1015	PR CLINIC SERVICE	**NO AUTHORIZATION REQUIRED** RENDERING PROVIDER: NO AUTH REQUIRED IF REFERRED TO PROVIDER IS A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) OR INDIAN HEALTH SERVICES (IHS)/INDIAN HEALTH CARE PROVIDER (IHCP).		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
T1015	PR CLINIC SERVICE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: AUTH IS REQUIRED IF REFERRED TO PROVIDER IS NOT A FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) OR INDIAN HEALTH SERVICES (IHS)/INDIAN HEALTH CARE PROVIDER (IHCP). EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK,CP		5/1/2023
T1017	PR TARGETED CASE MANAGEMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2023

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1019	PR PERSONAL CARE SER PER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK, STAR BENEFIT VIA DSHS	C, CP	12/1/2022
T1023	PR PROGRAM INTAKE ASSESSMENT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
T1023	PR PROGRAM INTAKE ASSESSMENT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1025	PR PED COMPR CARE PKG, PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PPECC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND DHP PDN GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1025	PR PED COMPR CARE PKG, PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PPECC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND DHP PDN GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1026	PR PED COMPR CARE PKG, PER HOUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PPECC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND DHP PDN GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1026	PR PED COMPR CARE PKG, PER HOUR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PPECC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND DHP PDN GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T1027	PR FAMILY TRAINING & COUNSELING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
T1027	PR FAMILY TRAINING & COUNSELING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
T1029	PR DWELLING LEAD INVESTIGATION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T1999	PR NOC RETAIL ITEMS ANDSUPPLIES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Nutritional Supplements): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Nutritional-Supplements.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
T2002	PR N-ET; PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PPECC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND DHP PDN GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2002	PR N-ET; PER DIEM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PPECC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND DHP PDN GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PDN SNV PPECC GUIDELINES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PDN-SNV-PPECC-GUIDELINES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T2003	PR N-ET; ENCOUNTER/TRIP	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
T2003	PR N-ET; ENCOUNTER/TRIP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2004	PR N-ET; COMMERC CARRIER PASS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED FOR NON-EMERGENT OR NON-URGENT TRANSPORT REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
T2027	PR SPEC CHILDCARE WAIVER 15 MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T2028	PR SPECIAL SUPPLY, NOS WAIVER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2028	PR SPECIAL SUPPLY, NOS WAIVER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T2029	PR SPECIAL MED EQUIP, NOSWAIVER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2029	PR SPECIAL MED EQUIP, NOSWAIVER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S,C, CP	12/1/2022
T2038	PR COMM TRANS WAIVER/SERVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2039	PR VEHICLE MOD WAIVER/SERVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S,C, CP	12/1/2022
T2039	PR VEHICLE MOD WAIVER/SERVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S,C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2040	PR FINANCIAL MGT WAIVER/15MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2040	PR FINANCIAL MGT WAIVER/15MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF PCS AND CFC IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. AND TMPPM HTTP://WWW.TMHP.COM/PAGES/MEDICAID/MEDICAID_PUBLICATIONS_PROVIDER_MANUAL.ASPX MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2040	PR FINANCIAL MGT WAIVER/15MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2040	PR FINANCIAL MGT WAIVER/15MIN	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	USE OF LTSS IS IDENTIFIED DURING THE STAR KIDS - SCREENING AND ASSESSMENT INSTRUMENT. AS SUCH, THE NEED FOR THE BENEFIT IS DETERMINED THROUGH THE NEEDS OF THE MEMBERS AND THE FAMILY RATHER THAN THROUGH GUIDELINES. HTTPS://HHS.TEXAS.GOV/LAWS-REGULATIONS/HANDBOOKS/SKH/STAR-KIDS-HANDBOOK MD GUIDELINE 1 (PCS Guidelines): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/PCS-Guidelines.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	SK	S, C, CP	12/1/2022
T2042	PR HOSPICE ROUTINE HOME CARE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
T2043	PR HOSPICE CONTINUOUS HOME CARE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T2044	PR HOSPICE RESPITE CARE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
T2045	PR HOSPICE GENERAL CARE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
T2046	PR HOSPICE LONG TERM CARE, R&B	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
T2101	PR BREAST MILK PROC/STORE/DIST	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	12/1/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T4521	PR ADULT SIZE BRIEF/DIAPER SM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4522	PR ADULT SIZE BRIEF/DIAPER MED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4523	PR ADULT SIZE BRIEF/DIAPER LG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T4524	PR ADULT SIZE BRIEF/DIAPER X1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4525	PR ADULT ZISE PULL-ON SM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4526	PR ADULT ZIDE PULL-ON MED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T4527	PR ADULT ZIDE PULL-ON LG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4528	PR ADULT ZIDE PULL-ON X1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4529	PR PED SIZE BRIEF/DIAPER SM/MED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T4530	PR PED SIZE BRIEF/DIAPER LG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4531	PR PED SIZE PULL-ON SM/MED	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4532	PR PED SIZE PULL-ON LG	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T4533	PR YOUTH SIZE BRIEF/DIAPER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4534	PR YOUTH SIZE PULL-ON	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4535	PR DISPOSABLE LINER/SHIELD/ PAD	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
T4543	PR DISP BARIATRIC BRIEF/DIAPER	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
T4544	PR ADLT DISP UND/PULL ON ABV X1	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM MD GUIDELINE 1 (Incontinence Supplies): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/Incontinence-Supplies.pdf	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	2/1/2025
U0001	PR 2019-NCOV DIAGNOSTIC P	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025
U0002	PR COVID-19 LAB TEST NON-CDC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2020	PR VISION SVCS FRAMES PURCHASES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2025	PR EYEGLASSES DELUX FRAMES	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2100	PR LENS SPHER SINGLE PLANO 4.00	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2101	PR SINGLE VISN SPHERE 4.12-7.00	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2102	PR SINGL VISN SPHERE 7.12-20.00	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2103	PR SPHEROCYLINDR 4.00D/12-2.00D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2104	PR SPHEROCYLINDR 4.00D/2.12-4D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2105	PR SPHEROCYLINDER 4.00D/4.25-6D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2106	PR SPHEROCYLINDER 4.00D/>6.00D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2107	PR SPHEROCYLINDER 4.25D/12-2D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2108	PR SPHEROCYLINDER 4.25D/2.12-4D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2109	PR SPHEROCYLINDER 4.25D/4.25-6D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2110	PR SPHEROCYLINDER 4.25D/OVER 6D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2111	PR SPHEROCYLINDR 7.25D/.25-2.25	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2112	PR SPHEROCYLINDR 7.25D/2.25-4D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2113	PR SPHEROCYLINDR 7.25D/4.25-6D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2114	PR SPHEROCYLINDER OVER 12.00D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2115	PR LENS LENTICULAR BIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2118	PR LENS ANISEIKONIC SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2121	PR LENTICULAR LENS, SINGLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2199	PR LENS SINGLE VISION NOT OTH C	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2200	PR LENS SPHER BIFOC PLANO 4.00D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2201	PR LENS SPHERE BIFOCAL 4.12-7.0	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2202	PR LENS SPHERE BIFOCAL 7.12-20.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2203	PR LENS SPHCYL BIFOCAL 4.00D/.1	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2204	PR LENS SPHCY BIFOCAL 4.00D/2.1	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2205	PR LENS SPHCY BIFOCAL 4.00D/4.2	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2206	PR LENS SPHCY BIFOCAL 4.00D/OVE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2207	PR LENS SPHCY BIFOCAL 4.25-7D/.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2208	PR LENS SPHCY BIFOCAL 4.25-7/2.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2209	PR LENS SPHCY BIFOCAL 4.25-7/4.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2210	PR LENS SPHCY BIFOCAL 4.25-7/OV	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2211	PR LENS SPHCY BIFO 7.25-12/.25-	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2212	PR LENS SPHCYL BIFO 7.25-12/2.2	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2213	PR LENS SPHCYL BIFO 7.25-12/4.2	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2214	PR LENS SPHCYL BIFOCAL OVER 12.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2215	PR LENS LENTICULAR BIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2218	PR LENS ANISEIKONIC BIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2219	PR LENS BIFOCAL SEG WIDTH OVER	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2220	PR LENS BIFOCAL ADD OVER 3.25D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2221	PR LENTICULAR LENS, BIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2300	PR LENS SPHERE TRIFOCAL 4.00D	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2301	PR LENS SPHERE TRIFOCAL 4.12-7.	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2302	PR LENS SPHERE TRIFOCAL 7.12-20	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2303	PR LENS SPHCY TRIFOCAL 4.0/.12-	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2304	PR LENS SPHCY TRIFOCAL 4.0/2.25	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2305	PR LENS SPHCY TRIFOCAL 4.0/4.25	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2306	PR LENS SPHCYL TRIFOCAL 4.00/>6	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2307	PR LENS SPHCY TRIFOCAL 4.25-7/.	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2308	PR LENS SPHC TRIFOCAL 4.25-7/2.	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2309	PR LENS SPHC TRIFOCAL 4.25-7/4.	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2310	PR LENS SPHC TRIFOCAL 4.25-7/>6	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2311	PR LENS SPHC TRIFO 7.25-12/.25-	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2312	PR LENS SPHC TRIFO 7.25-12/2.25	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2313	PR LENS SPHC TRIFO 7.25-12/4.25	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2314	PR LENS SPHCYL TRIFOCAL OVER 12	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2315	PR LENS LENTICULAR TRIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2318	PR LENS ANISEIKONIC TRIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2319	PR LENS TRIFOCAL SEG WIDTH > 28	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2320	PR LENS TRIFOCAL ADD OVER 3.25D	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2321	PR LENTICULAR LENS, TRIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2410	PR LENS VARIAB ASPHERICITY SING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2430	PR LENS VARIABLE ASPHERICITY BI	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2500	PR CONTACT LENS PMMA SPHERICAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2501	PR CNTCT LENS PMMA-TORIC/PRISM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2502	PR CONTACT LENS PMMA BIFOCAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2510	PR CNTCT GAS PERMEABLE SPHERICL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2511	PR CNTCT TORIC PRISM BALLAST	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2512	PR CNTCT LENS GAS PERMBL BIFOCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2513	PR CONTACT LENS EXTENDED WEAR	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2520	PR CONTACT LENS HYDROPHILIC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2521	PR CNTCT LENS HYDROPHILIC TORIC	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2522	PR CNTCT LENS HYDROPHIL BIFOCL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2523	PR CNTCT LENS HYDROPHIL EXTEND	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2526	CONTACT LENS, HYDROPHILIC, WITH BLUE-VIOLET FILTER, PER LENS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY		C, S, SK, CP	1/1/2024
V2530	PR CONTACT LENS GAS IMPERMEABLE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2531	PR CONTACT LENS GAS PERMEABLE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2599	PR CONTACT LENS/ES OTHER TYPE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2623	PR PLASTIC EYE PROSTH CUSTOM	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2623	PR PLASTIC EYE PROSTH CUSTOM	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	3/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2624	PR POLISHING ARTIFICAL EYE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2625	PR ENLARGEMNT OF EYE PROSTHESIS	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2626	PR REDUCTION OF EYE PROSTHESIS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2627	PR SCLERAL COVER SHELL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2628	PR FABRICATION & FITTING	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V2630	PR ANTER CHAMBER INTRAOCUL LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2631	PR IRIS SUPPORT INTRAOCLR LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2632	PR POST CHMBR INTRAOCULAR LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2700	PR BALANCE LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2710	PR GLASS/PLASTIC SLAB OFF PRISM	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2715	PR PRISM LENS/ES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2718	PR FRESNELL PRISM PRESS-ON LENS	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2730	PR SPECIAL BASE CURVE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2755	PR UV LENS/ES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2770	PR OCCLUDER LENS/ES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V2780	PR OVERSIZE LENS/ES	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2784	PR LENS POLYCARB OR EQUAL	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2790	PR AMNIOTIC MEMBRANE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM HTTPS://WWW.TMHP.COM/RESOURCES/PROVIDER-MANUALS/TMPPM	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V2799	PR MISCELLANEOUS VISION SERVICE	**AUTHORIZATION REQUIRED** RENDERING PROVIDER: OPHTHALMOLOGY ROUTINE VISION AND MEDICAL EYE CARE SERVICES FOR DRISCOLL HEALTH PLAN ARE ADMINISTERED BY ENVOLVE VISION OF TEXAS. ALL OPHTHALMOLOGY SERVICES REQUESTS SHOULD BE SUBMITTED TO ENVOLVE VISION OF TEXAS AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX OR VIA FAX AT 1-877-865-1077. IT IS THE PROVIDER'S RESPONSIBILITY TO VERIFY AUTHORIZATION REQUIREMENTS THROUGH ENVOLVE VISION OF TEXAS. PLAN SPECIFICS OUTLINING BENEFIT INFORMATION FOR DHP MEMBERS ARE LOCATED THROUGH THE ENVOLVE VISION OF TEXAS 24/7 PROVIDER PORTAL AT HTTPS://VISIONBENEFITS.ENVOLVEHEALTH.COM/LOGON.ASPX. ENVOLVE VISION OF TEXAS PROVIDER SERVICES CAN BE REACHED AT 1-800-531-2818. CLAIMS FOR ROUTINE AND MEDICAL EYE CARE SERVICES PERFORMED MUST BE SUBMITTED TO ENVOLVE VISION OF TEXAS.		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	9/1/2025
V5010	PR ASSESSMENT FOR HEARING AID	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5011	PR HEARING AID FITTING/CHECKING	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5014	PR HEARING AID REPAIR/MODIFYING	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5020	PR CONFORMITY EVALUATION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5030	PR BODY-WORN HEARING AID AIR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5040	PR BODY-WORN HEARING AID BONE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5050	PR HEARING AID MONAURAL IN EAR	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5060	PR BEHIND EAR HEARING AID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5070	PR GLASSES AIR CONDUCTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5080	PR GLASSES BONE CONDUCTION	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5090	PR HEARING AID DISPENSING FEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5095	PR IMPLANT MID EAR HEARING PROS	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5100	PR BODY-WORN BILAT HEARING AID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5110	PR HEARING AID DISPENSING FEE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5120	PR BODY-WORN BINAUR HEARING AID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5130	PR IN EAR BINAURAL HEARING AID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5140	PR BEHIND EAR BINAUR HEARING AI	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5150	PR GLASSES BINAURAL HEARING AID	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5160	PR DISPENSING FEE BINAURAL	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5171	PR HEARING AID MONAURAL ITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5172	PR HEARING AID MONAURAL ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5181	PR HEARING AID MONAURAL BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5190	PR HEARING AID MONAURAL GLASSES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5200	PR DISP FEE CONTRALATERAL MONAU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5211	PR HEARING AID BINAURAL ITE/ITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5212	PR HEARING AID BINAURAL ITE/ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5213	PR HEARING AID BINAURAL ITE/BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5214	PR HEARING AID BINAURAL ITC/ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5215	PR HEARING AID BINAURAL ITC/BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5221	PR HEARING AID BINAURAL BTE/BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5230	PR HEARING AID BINAURAL GLASSES	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5240	PR DISP FEE CONTRALATERAL BINAU	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5241	PR DISPENSING FEE, MONAURAL	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5242	PR HEARING AID, MONAURAL, CIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5243	PR HEARING AID, MONAURAL, ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5244	PR HEARING AID, PROG, MON, CIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5245	PR HEARING AID, PROG, MON, ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5246	PR HEARING AID, PROG, MON, ITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5247	PR HEARING AID, PROG, MON, BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5248	PR HEARING AID, BINAURAL, CIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5249	PR HEARING AID, BINAURAL, ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5250	PR HEARING AID, PROG, BIN, CIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5251	PR HEARING AID, PROG, BIN, ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5252	PR HEARING AID, PROG, BIN, ITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5253	PR HEARING AID, PROG, BIN, BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5254	PR HEARING ID, DIGIT, MON, CIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5255	PR HEARING AID, DIGIT, MON, ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5255	PR HEARING AID, DIGIT, MON, ITC	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY			
V5256	PR HEARING AID, DIGIT, MON, ITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5257	PR HEARING AID, DIGIT, MON, BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5258	PR HEARING AID, DIGIT, BIN, CIC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5259	PR HEARING AID, DIGIT, BIN, ITC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5260	PR HEARING AID, DIGIT, BIN, ITE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5261	PR HEARING AID, DIGIT, BIN, BTE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5264	PR EAR MOLD/INSERT	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5265	PR EAR MOLD/INSERT, DISP	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5266	PR BATTERY FOR HEARING DEVICE	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5267	PR HEARING AID SUPPLY/ACCESSORY	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5273	PR ALD FOR COCHLEAR IMPLANT	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025
V5275	PR EAR IMPRESSION	**NO AUTHORIZATION REQUIRED**		CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	5/10/2021
V5298	PR HEARING AID NOC	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025

Procedure Code	Procedure Code Description	Prior Authorization Requirements	Review Criteria	Documentation Requirement	Covered Benefits	Non-Covered Benefits	Prior Authorization Effective Date
V5336	PR REPAIR COMMUNICATION DEVICE	**AUTHORIZATION REQUIRED** EXCLUSIONS: AUTH REQUIRED REGARDLESS IF DHP IS A SECONDARY PAYOR	TMPPM PRORPRIETARY DISCLAIMER HTTP://WWW.TMHP.COM/PAGES/DEFAULT.ASPX MD GUIDELINE 1 (AUGMENTATIVE COMMUNICATION DEVICES.PDF): https://webapps.driscollhealthplan.com/priorauthcheck/uploads/UMGuides/AUGMENTATIVE-COMMUNICATION-DEVICES.PDF	CLINICAL INFORMATION AND DOCUMENTS TO SUPPORT MEDICAL NECESSITY	C, S, SK	CP	7/1/2025