



CCP EPO/CCP HSA NARROW
PRIOR AUTHORIZATION LIST
Effective 1/1/2026

ALL SERVICES LISTED BELOW REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN. BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES MUST BE REVIEWED BY EVERNORTH.		CPT CODES BELOW REQUIRE PRIOR AUTH
HOSPITAL INPATIENT and OBSERVATION CARE SERVICES		
DISCHARGE SERVICES		99238-99239
INITIAL CARE (NEW or ESTABLISHED PATIENT)		99221-99223
PROLONGED SERVICES		99356-99357
SUBSEQUENT HOSPITAL CARE		99231-99233
CRITICAL CARE SERVICES		99291-99292
NEWBORN		99460-99480
NURSING FACILITY SERVICES		99304-99318
ADMISSION/DISCHARGE SAME DAY		99234-99236
COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES		
ADJACENT TISSUE TRANSFER/ REARRANGEMENT PROCEDURES		14000-14350
CANTHOPLASTY		67950
CORRECTION OF LID RETRACTION		67911
DERMATOLOGICAL PROCEDURES (heading)		96910-96922
UV LIGHT THERAPY		96900
PHOTOCHEMOTHERAPY (DERM on MMA PA)		96910-96913
LASER TREATMENT (DERM on MMA PA)		96920-96922
EYELID, EXCISION, AND REPAIR		67961-67966
FOOT and TOES RECONSTRUCTION		28238, 28280-28360
BARIATRIC SURGERY/GASTRIC RESTRICTIVE PROCEDURES		43644-43648, 43770-43775, 43842-43865, 43881-43882, 43888
HAND AND FINGERS, RECONSTRUCTION/REPAIR/RELEASE		26541-26596
HEAD (SKULL, FACE, TMJ) RECONSTRUCTION/REPAIR/REVISION		21120-21296, 21029
HUMERUS AND ELBOW RECONSTRUCTION		24301-24498
KERATOPROSTHESIS		65770
KNEE, ARTHROPLASTY, TOTAL		27437-27447
LIP, REPAIR		40650-40761

MASTECTOMY PROC/REPAIR, RECONSTRUCTION	19300-19396
MASTOID SURGERY/ REVISION	69601-69605
REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE NECK (SOFT TISSUE) & THORAX	21685-21750
REPAIR PROCEDURES ON THE NOSE	30400-30630
STRABISMUS SURGERY	67311-67318
PALATOPLASTY FOR CLEFT PALATE	42200-42281
PELVIS and HIP RECONSTRUCTION	27097-27187
PENILE REPAIR	54300-54440
SKIN FLAPS AND GRAFTS	15570-15847
TESTICULAR PROSTHESIS INSERTION	54660
DIAGNOSTIC IMAGING AND LAB TESTING	
CARDIAC EVENT MONITORING (30 DAY); CARDIAC EVENT MONITORING FOR 48 HOURS OR LESS DOES NOT REQUIRE AUTH	93228-93272
CTA AND CALCIUM SCORING	75571-75574
GENETIC TESTING (NO AUTHORIZATION IS REQUIRED FOR STANDARD GENETIC TESTS PERFORMED ON THE PREGNANT ENROLLEE)	81105-81419, 81421-81479, 81490- 81527, 81529-81599, 88230-88299, 88360-88368, S3800-S3870, Require PA. 81220, 81243, and 81401 do not require prior authorization If the claim has a dx
GROWTH EVALUATION & TREATMENT FOR HORMONE THERAPY	80438
PET SCAN- ALL PET SCANS REQUIRE AUTHORIZATION	78429-78434, 78459, 78491-78492, 78608-78609, 78811-78816
SLEEP STUDY	95782-95783 95800-95811

DURABLE MEDICAL EQUIPMENT (DME) *MEDICAL AND SURGICAL SUPPLIES DO NOT REQUIRE AUTH*	
BONE GROWTH STIMULATOR	E0760
CLINITRON AND ELECTRIC BEDS	E0250-E0270, E0290-E0304, E0316
CPAP AND BIPAP MACHINES	E0424-E0455, E0460-E0461, E0465-E0467, E0470-E0472, E0482-E0484, E0485-E0486, E0601, E0618-E0619, K0738, S8120-S8121
CUSTOM ORTHOTICS NO AUTH NEEDED FOR L8699 RELATED TO STERILIZATION	C1813, L0112- L4631
COCHLEAR IMPLANT	S2230, S2235
POST MASTECTOMY CAMISOLE	S8460
DIABETIC SHOES	A5500-A5514
ELECTRIC WHEELCHAIRS/SCOOTERS	K0010-K0014
MOTORIZED/POWER WHEELCHAIR / POWER OPERATED VEHICLES	K0800-K0899
CUSTOM PEDIATRIC WHEELCHAIR	E1230-E1239
WHEELCHAIR ACCESSORIES	E0950-E1036, E2300-E2398, K0108
INSULIN PUMPS AND SUPPLIES	A4230-A4231, A9274, A9276-A9278, E0784, S5565-S5571, S9145
LIMB AND TORSO PROSTHETICS	L5000-L8699
PATIENT LIFTS	E0621, E0630-E0635
WOUND VAC PUMPS	E2402
ELECTIVE INVASIVE PROCEDURES	
CAPSULE ENDOSCOPY	91110-91112
CHEMODENERVE ECCRINE GLANDS	64650, 64653
CESAREAN DELIVERY	59509-59525
CIRCUMCISION (AUTH REQUIRED IF AGE > 1YR)	54150-54163
DENERVATION, CHEMODENERVATION OF MUSCLE	64612-64640
EPIDURAL INJECTION FOR LYSIS OF ADHESIONS	62263-62264

EPIDURAL INJECTION FOR PAIN	62280-62282, 62320-62327, 64479-64484
HORMONE PELLET IMPLANT	11980, S0189
HYPERBARIC TREATMENT- WOUND CARE CENTER ONLY	99183
ARTHROSCOPY of TMJ	29800, 29804
ORAL SPLINT	21085
ORAL SURGERY	21040, 41800-41874, 40899
SPIDER VEIN THERAPY	36468-36483, 37650-37785, 93971
TOTAL DISC ARTHROPLASTY- Artificial Disc	22856-22865
VIRTUAL CT COLONOSCOPY	74261-74263
HOME HEALTH CARE All Home Health Care, including therapies, require authorization.	
HOME VISITS AT AN ALF	99324-99337, 99341-99350
HOME HEALTH PROCEDURES	99500-99602
HOME RESPIRATORY THERAPY	S5180-S5181
HOME INFUSION THERAPY	S5035-S5036, S5497- S5502, S5522-S5523
HOME WOUND CARE	S9097
HOME PHOTOTHERAPY	S9098
HOME HEALTH NURSE AND AID	S9122-S9127, S9128- S9131, S9208-S9214, S9325-S9379, S9381, S9474, S9494-S9810, G0493-G0496, T1021, T1030-T1031
HOSPICE	
HOSPICE AT ALF/SNF	Q5002-Q5004, Q5007, Q5009
HOSPICE INPATIENT	Q5005, Q5006, Q5009, Q5010, T2044-T2046, Revenue Codes: 0656, 0125, 0135, 0145, 0155, 0235, 0658, 0659
HOSPICE OUTPATIENT/HOME	S9125-S9126, T2042- T2043, Q5001, Q5009 Revenue Codes: 0651-0652

MATERNITY	
OBSTETRICAL CARE- (Global Authorization, which includes Prenatal Care Visits, All Sonograms, and Postpartum Visits provided by OB/GYN)	59000-59899, 74775, 76801-76828
NUTRITION SERVICES	
ENTERAL NUTRITION- ALL ENTERALS REQUIRE AN AUTHORIZATION	B4102-B4103, B4149- B4150, B4152-B4155, B4157, B4159, B4160- B4161
MEDICAL NUTRITION THERAPY SERVICES	97802-97804
DIABETES MANAGEMENT TRAINING	G0108-G0109
TRANSPLANT	
ALL TRANSPLANT SERVICES, INCLUDING EVALUATIONS	15002-15278, 15769, 15771-15774, 20926, 20936-20938, 32850-32856, 65780, 38230-38243, 33927-33945, 38204-38215, 44132-44137, 44715-44721, 47133-47147, 48160, 48550-48556, 50300-50380, 50546-50547, 58999, 65710-65757, 65780-65782 G0342, G0343, S2102
TRANSPORTATION	
TRANSPORTATION NON-EMERGENT	A0426, A0428
TRANSPORTATION AIR	A0430 - A0431, A0435, A0999